

APPLICATION FOR COMPANIES OR CLOSE CORPORATIONS WISHING TO APPLY TO JOIN THE ASSOCIATION OF SYSTEM OPERATORS

Please complete and fax/email back to the ASO Attn: "The Secretary" on fax 086 427 2987 / kerrys@paycorp.co.za

Name of Organisation _____

Postal Address _____
 _____ Postal Code: _____

Physical Address _____

 _____ Postal Code: _____

Close Corporation/ Company Registration Number _____

VAT Number _____

Description of Business Activities

Please select any activities carried out by your business (Only those pertinent to membership application)

Payment Software	<input type="checkbox"/>	Bureau Services	<input type="checkbox"/>
Bill Payment Processing	<input type="checkbox"/>	ATM	<input type="checkbox"/>
Card Issuing	<input type="checkbox"/>	POS	<input type="checkbox"/>
Web Acquiring	<input type="checkbox"/>	EFT	<input type="checkbox"/>
General Payments	<input type="checkbox"/>	Switching	<input type="checkbox"/>
Value Added Services	<input type="checkbox"/>	Debit Orders	<input type="checkbox"/>

Other (please specify) _____

Directors or members of applying organisation _____

Contact detail of person to contact in respect of this membership application

Name _____

E-mail Address _____

Contact Number (_____) _____

Website Address _____

I hereby understand that by submitting this request it will be considered by the Management Committee of the ASO and I will be informed of the outcome of my application in due course.

I hereby confirm that I am authorized on behalf of the abovementioned organisation to submit this application on its behalf and if successful agree to be bound by the terms and conditions as laid out in the constitution of the ASO.

On receipt of notification of my successful application, I hereby agree to make payment, within 30 days, the initial membership fee can be requested from the secretary; thereafter a yearly membership fee shall apply.

Signed _____ For and on behalf of _____

Name _____ Date _____