



WORD AND LIFE NETWORK

Word and Life Network Registration Form

Name

Surname

Id no. or passport no

Nationality: SA other

Church Address
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.....
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Postal Address
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Email address

Tel number Cell number

Church office number

Denomination or Independent

Name of your WnL Network Regional Leader

Standard of compliance:

Please forward support documents to elmarie@woordenlewe.com

Are you the head pastor of the assembly applying for this membership. Yes No

Pastoral Qualifications Yes No

Church Registration documents Yes No

Audited Statements 3 years Yes No

Tax Certificate Yes No

PAYE Monthly proof of Payment Yes No

UIF Registration Number Yes No

Title Deed Documents Yes No

Property Insurance Policy Yes No

Content Insurance Policy Yes No



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Did your sub regional leader explain financial contributions to network with you?

Yes No

2% of your monthly income to tithed to WnL Network.

Bank Account details

Bank Name: Nedbank Account Name: WnL Network Acc no: 1288 011 733 Branch code: 198 765

I declare that all information supplied is true and correct.

Date

Signature of Applicant

This form must be handed to your Word and Life regional leader for Approval.

Office use only

This application is subject to the approval of your appointed regional leader.

Date

Signature of Regional Leader

A copy of this to be forwarded to elmarie@wnlnetwork.com