

APPLICATION FORM - CHORISTERS

NOTE: THIS APPLICATION MUST BE COMPLETED AND SENT BACK TO THE NGCF OFFICE ON/OR BEFORE 13 APRIL 2018.

| NAME OF CHOIR | | | | | SCHEME | |
|------------------|--------|-----|--------|-------------|--------|-----------|
| NAME AND SURNAME | GENDER | AGE | ID NO. | CONTACT NO. | EMAIL | SIGNATURE |
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IF YOU HAVE ANY QUERIES, PLEASE CONTACT PO Box 165, Windhoek | Telephone 0814722533 | Fax to E mail 061 2993838 | E mail NAM-NGCF@oldmutual.com

