



APPLICATION FOR SOLIDARITY FUND

Date: \_\_\_\_\_

Name of Cooperative: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Position within the Cooperative: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Mob. Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Reason/s for Application:

**Declaration:**

**I/We further confirm that the information provided herein is accurate, correct and complete and that the documents submitted along with this application form are genuine.**

---

Name of Applicant

---

Signature of Applicant