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Website: [www.amalungeloconsultants.co.za](http://www.amalungeloconsultants.co.za)

Head Office: 22 Willow Street,  
Adamay View, Klerksdorp

Title	<input type="text"/>	ID Number:	<input type="text"/>	Date of Birth:	<input type="text"/>	Gender:	<input type="text"/>	<input type="text"/>
First Names:	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>
Surname:	<input type="text"/>		<input type="text"/>	Language:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Marital Status:	<input type="text"/>		<input type="text"/>	Number of Dependents:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physical Address:	<input type="text"/>		<input type="text"/>	Postal Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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	<input type="text"/>		<input type="text"/>	Postal Code:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

[illegible][illegible]

Member	Spouse	Children's Cover			
		14-21 Years	6-13 Years	1-5 Years	Stillborn
R20 000	R20 000	R15 000	R7 500	R3 750	R3 750

SURNAME	FIRST NAME	ID No	M/F	RELATIONSHIP
SPOUSE				
CHILD 1				
CHILD 2				
CHILD 3				
CHILD 4				
CHILD 5				

RELATIONSHIP	SURNAME	FIRST NAME	ID NUMBER

- Repatriation
- Discounted Food Vouchers
- 3 months waiting period

[illegible]



# AMALUNGELO LABOUR CONSULTANTS APPLICATION FORM

Reg No.: 2024/221811/07

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## STOP ORDER DEDUCTION

To ..... I .....

hereby authorize you to deduct **R45** whichever is greater from my income each month and be credited into the Unions Account within 5 days of the beginning of each month on the following conditions:

1. The deductions, which are made in respect of my monthly subscriptions, will be made in accordance with the current subscription rate subject to changes of which you will be duly informed.
2. Cancellation of this authorisation is subject to the provision of the Unions constitution and section 13 of the labour relations act of 1995.
3. I hereby revoke any previous authorisation for deductions in respect of any Union or staff association.
4. Conditions of Membership: I agree to abide by the rules and constitution of AMALUNGELO and I authorize AMALUNGELO to act in all matters of my employment relations including negotiations and improvement and protection of my working rights and conditions.
5. I furthermore grant AMALUNGELO & Infussion Brokers permission to communicate with me through WhatsApp and various communication channels in order e.g. send me my membership card and other applicable information.

Signed at: \_\_\_\_\_

on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

X

Signature of Member