



**RECORD BOOK**

**Sur name** :

**Given name** :

**Nationality** :

**Date of birth** :

**Email** :

**Contact** :

**Designation** :



(what section of VACSI you need assistance from )

**Holder's signature:**

**Account number** :

**State bank name here down:**

**Mobile money** :

<b>Name</b>			
<b>Problems</b> <i>(by choosing any of the options on the right, you have agreed to its associated terms and conditions)</i>	Child benefit <input type="checkbox"/> Un-employment <input type="checkbox"/> Student offer <input type="checkbox"/> youths benefits <input type="checkbox"/> Dis-ability benefits <input type="checkbox"/> Skills development <input type="checkbox"/> Heir system <input type="checkbox"/> Bursary or scholarship <input type="checkbox"/> Other (specify) <input type="checkbox"/>		
<b>Choice of payment method</b>	<b>1)</b>	<b>2)</b>	
<b>Do you wish to pay a monthly ransom (tick yes or no)</b>	yes	No	<b>Other (specify)</b>
<b>OFFICIAL USE ONLY</b>			
<b>Date of issue</b>			
<b>Expiry date</b>			

*This record book endorses you with full membership of VACSI and your name is now issued in the VACSI gazette*

*I..... have under my top understanding agreed with the VACSI terms and conditions.*

.....  
VACSI official

DATE	RECEIPT NO.	Donated USD(...000)	Benefited USD(...000)	VALUE UGS(...000)

*USPD terms and conditions apply*