



# KCCCA

KRUGERSDORP COUNCIL FOR THE CARE OF THE AGED

7 Burger street  
Krugersdorp CBD  
1739  
Tel: 011-660-6354 / Cell: 063 275 6385

P.O. Box 825  
Krugersdorp  
1739  
manager@kcca.co.za

NPO-002-031

Please confirm. that Mr/Mrs \_\_\_\_\_

ID No. \_\_\_\_\_

If there is indeed an account, please we want 3 months bank statements.

ABSA

ACCOUNT: YES/NO

DATE: \_\_\_\_\_

BANK OFFICER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

NEDBANK

ACCOUNT: YES/NO

DATE: \_\_\_\_\_

BANK OFFICER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

STANDARD BANK

ACCOUNT: YES/NO

DATE: \_\_\_\_\_

BANK OFFICER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

FIRST NATIONAL BANK

ACCOUNT: YES/NO

DATE: \_\_\_\_\_

BANK OFFICER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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CAPITEC

ACCOUNT: YES/NO

DATE: \_\_\_\_\_

BANK OFFICER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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TYME BANK

ACCOUNT: YES/NO

DATE: \_\_\_\_\_

BANK OFFICER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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AFRICAN BANK

ACCOUNT: YES/NO

DATE: \_\_\_\_\_

BANK OFFICER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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DISCOVERY BANK

ACCOUNT: YES/NO

DATE: \_\_\_\_\_

BANK OFFICER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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