



Join the Co-op for \$1 per day for a year...

Harbour Co-op Limited
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Ph. (03) 328 8544

Financial Assistance Application Form

We are legally allowed to offer a limited number of shares that are not paid in full at the time of the share being issued. Instead, the \$365 share can be paid with a \$35 deposit and subsequent 11 monthly payments of \$30. This application is to be submitted with the Membership Application and is subject to approval by the Board of Directors. All current shareholders will be notified of the issuing of financial assistance, however all names and details will be kept private.

If, for whatever reason, you are unable to make payments during that year, the Board must be notified in writing. If a monthly payment is missed, the Member number will be temporarily deactivated until such time as the missing payments have been made in full. If a member wishes to cancel the share before such time as full payment has been made, the options available are:

- 1) Arrange with another interested party to purchase the share directly from the original shareholder and transfer ownership. Notification must be submitted to the Board in writing for approval. The new owner is then responsible for filling out a Membership application and arranging payment with the Co-op for the outstanding value of the share.
- 2) A request for a refund of the amount paid for the share to date can be made to the Board in writing, however the Board is bound by its legal requirements concerning financial distributions and the solvency test which may postpone or prevent its ability to do so. *

Full Name of Primary Shareholder: _____

Telephone: _____

Email Address _____

I would like pay for my Household Share over the course of 1 year

I have made a Bank deposit of \$35 to:

Account Name: **Harbour Co-op Limited**

Account Number: **020842 0040412 97**

Bank: **BNZ, Ferrymead Branch, Unit 9, 2 Waterman Pl, Ferrymead, 8023, New Zealand.**

Reference: **Surname (or first letters of your surname as fit in the reference field).**

Code/ Particulars: Please also include your **phone number** in the Particulars or Code fields. We can use this to contact you if we have any trouble matching up your payment with your application form.)
If you have a field left over, your first name as shown on the application form will also be helpful.

I have set up automatic payments of \$30 to the Harbour Co-op for a total of 11 months (20th of the month)

All of the information that I have provided on this form is true and correct, and I have read and understand the terms of this agreement.

Signature of Primary Shareholder _____ Date: / /

Signature of Joint Shareholder _____ Date: / /

This application form should be filled in, signed, and returned with the Membership Application Form

*The particulars of legislation regarding Financial Assistance can be read on the Harbour Co-op website: <http://www.harbourcoop.co.nz/membership/financial-assistance-legislation/> or the [New Zealand Legislation Website](#).