

Kanjini Co-Op Limited

Registration Number 0310
PO Box 51, Kuranda, 4881 QLD; info@kanjini.org

Payment Schedule Form

Full Name: _____

Address: _____

Home Phone: _____ Mobile: _____

Email: _____

I have paid the 20% deposit and hereby commit to the following payment schedule for the remaining 80% of my: Full Share, currently valued at \$ 100,000.- **-OR-** Introductory Share, currently valued at \$ 10,000.- **-AND/OR-** \$ _____ investment shares of \$500 each. *

A) I agree to pay the outstanding amount of \$ _____ in full within 14 days of the initial acceptance of my membership/share application. **

B) I agree to pay the outstanding amount plus interest in weekly/fortnightly/monthly * payments of \$ _____ **

C) I agree to pay the outstanding amount as follows: _____

**

I understand that, subject to 1.1.f of Schedule 1 of the Co-Op's rules, an interest rate of 7% will be charged on all outstanding share capital, starting from the day of initial membership acceptance until my share capital has been paid in full.

I understand that in addition to the above interest rate, and only if I fail to make any payment on or before its due date, an additional default interest rate of 3 % p.a. is payable on all overdue balances until the date such overdue payments have been made.

Signed: _____ Date: ____/____/____

<i>Office Use Only</i>	
Schedule was accepted/ amended/ refused by the directors meeting on ____/____/____	
Membership No: _____	Added to Data Base: ____/____/____

* **cross out whatever is not applicable**

** **cross out if not applicable**

Please return this form by email and also by post to the address at the top, thanks.