



APPLICATION FOR A MOTHS REMEMBRANCE PLAQUE  
TO BE AFFIXED TO THE REMEMBRANCE WALL AT THE MOUNT MEMORY SHRINE, KZN, SA

Please return completed scanned copy as well as proof of remittance via email to: **Moth GHQ**

For attention; **The Chairman – MOTHS Museums and Memorials**

Email: [mothoffice@worldonline.co.za](mailto:mothoffice@worldonline.co.za)

Cost of Plaque: **R 250**  
Bank: **Investec Bank Ltd.**  
Branch: **58 01 05**  
Account name: **MOTHS GHQ**  
Account Number: **400 050 608 39**  
Reference: **“Mt. Memory Plaque, (Late Moth’s Name & Surname)”**

**The Memorable Order of Tin Hats is compliant with the POPI act 2013, all information supplied is confidential and will only be used for administration purpose by the MOTHS.**

- a) Name & Surname of late Moth (*capital lettering*): .....
- b) Date of Sunset Call (*passing date*): .....
- c) Was a member of ..... Shellhole. Province or District: .....
- d) Name of person requesting the application: .....
- e) Relationship to late Moth: .....
- f) Applicants Contact Details:
  - Mobile or Land Line number: .....
  - Email Address (*if available*): .....

I the undersigned, hereby accept that the standard plaque applied by the Memorable Order of Tin Hats will be affixed to the Remembrance Wall at Mount Memory, and I shall have no recourse should the plaque sustain damage after affixing to the wall, for any replacement or refund.

Name (*capital lettering*): ..... Date: .....

Signature: .....

**\*\*\*** A Shellhole wishing to have a “Shellhole” plaque affixed to the Remembrance Wall, must please state the date of your respective Shellhole Charter.

To be completed by the Old Bill of the last Shellhole where the late Moth was a member.  
If the Shellhole is now defunct, the allocated District or Provincial Old Bill must confirm by completing.

I certify that the late Moth: .....  
was a member of ..... Shellhole. District or Province: .....

Signature: ..... Name (*capital lettering*): ..... Date: .....

OLD BILL