

Associate Membership Application Form



Private Bag X5
Century City
7446

(Tel) 021-526 0474 (Fax) 086 687 2198

| | |
|------------------------------|---|
| Company Legal Name | |
| Trading Name (if applicable) | |
| Applicant's Name | |
| Applicant's Position | |
| Company's Postal Address | |
| Company's Physical Address | |
| Tel: | |
| Fax: | |
| Applicant's Mobile: | |
| E-mail: | |
| Website Address: | |
| Applicant's Signature | |
| | <i>By signing this application, I accept that all information declared herein accurately reflects the details of the company.</i> |
| Date | |

BUSINESS INFORMATION REQUIRED

| | | |
|----|---|------------------|
| 1 | Type of Business (CC, Pty Ltd, etc.) | |
| 2 | Company Registration Number | |
| 3 | VAT Registration Number | |
| 4 | Country of Registration | |
| 5 | Date Business Commenced | |
| 6 | Is the company women-owned? | |
| 7 | Any Previous Trading Names | |
| 8 | Approximate Annual Turnover (Rands) | |
| 9 | Owner(s) Name and ID number | |
| 10 | Other Companies Owned | |
| 11 | Management Team, including position <i>(Please add additional rows if necessary)</i> | |
| 12 | Name of Holding Company, <i>(including contact details if applicable)</i> | |
| 13 | Name of Subsidiary Company <i>(including contact details if applicable)</i> | |
| 14 | Supplier References <i>(including contact names and telephone numbers).</i> <i>Please include at least 3 supplier references</i> | |
| 15 | Company Bank Account Details | Name and Branch: |
| | | Account Number: |
| | | Branch Number: |