

# Associate Membership Application Form



Private Bag X5  
Century City  
7446

(Tel) 021-526 0474

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

## BUSINESS INFORMATION REQUIRED

|     |   |   |
|-----|---|---|
| 1.  | <b>Type of Business (CC, Pty Ltd, etc.)</b> <i>Also indicate whether SMME, Corporation or Multinational.</i>                                    | <input type="checkbox"/> SMME <input type="checkbox"/> Corporation <input type="checkbox"/> Multinational |
| 2.  | <b>Company Registration Number</b>  |   |
| 3.  | <b>VAT Registration Number</b>  |   |
| 4.  | <b>Country of Registration</b>  |   |
| 5.  | <b>Date Business Commenced</b>  |   |
| 6.  | <b>Is the company women-owned?</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 7.  | <b>Any Previous Trading Names</b>   |   |
| 8.  | <b>Approximate Annual Turnover (Rands)</b>  |   |
| 9.  | <b>Owner(s) Name and ID number</b>  |   |
| 10. | <b>Other Companies Owned</b>  |   |
| 11. | <b>Management Team, including position</b> <i>(Please add additional rows if necessary).</i>  |   |
| 12. | <b>Name of Holding Company,</b> <i>(including contact details if applicable).</i>   |   |
| 13. | <b>Name of Subsidiary Company</b> <i>(including contact details if applicable).</i>   |   |
| 14. | <b>Supplier References</b> <i>(including contact names and telephone numbers).</i><br><i>Please include at least three supplier references.</i> |   |
| 15. | <b>Company Bank Account Details</b>   | Name and Branch:  |
|     |   | Account Number:   |
|     |   | Branch Number:  |
| 16. | <b>Financial Manager Details</b>  | Name:   |
|     |   | Email address:  |
|     |   | Contact No:   |