

Associate Membership Application Form



**Private Bag X5
Century City
7446**

(tel) 021-5260474 * (fax) 021-5260479

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: