

THE SOUTH AFRICAN ASSOCIATION OF FREIGHT FORWARDERS: WESTERN CAPE

Chairman : B Hanival
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APPLICATION FOR MEMBERSHIP

All fields are compulsory – Please print clearly

We, _____ the Applicant

trading as _____

hereby apply for: **Full Membership** **Associate Membership**

and agree that should our application for Full Membership be successful, we will fulfill our obligation to pay both national and regional subscriptions on an annual basis.

Note: Associate Membership is only open to companies whose business activities are peripheral to the forwarding and clearing industry, but are not engaged in forwarding and clearing activities themselves.

Co. Reg. No. _____ Customs Code No. _____

VAT Registration No. _____

Being a: Sole Ownership Partnership Public Company Close Corporation Private Company

Physical Business Address: _____

_____ Code _____

Postal Address: _____

_____ Code _____

Telephone no: _____ Fax No: _____

Nominated / Referred for Membership by:

Name: _____ Company _____

Designation _____ Telephone No. _____

Contact Person for SAAFF Matters: _____

Email address: _____ Mobile: . _____

Names of Partners / Directors

Designation

1. _____

2. _____

3. _____

Is your company a member of SAAFF in other regions? Yes No

Indicate where: Gauteng Durban Port Elizabeth East London Beit Bridge

Indicate nature of business undertaken:

- | | | | |
|-------------|--------------------------|------------------|--------------------------|
| FORWARDING | <input type="checkbox"/> | CLEARING | <input type="checkbox"/> |
| WAREHOUSING | <input type="checkbox"/> | ROAD CARTAGE | <input type="checkbox"/> |
| COURIER | <input type="checkbox"/> | SUPPORT SERVICES | <input type="checkbox"/> |

Any areas of Specialization? E.g. Wine/Perishables _____

Head Office Address (Physical): _____

_____ Code _____

Indicate locations of all trading branches in South Africa:

- Durban Johannesburg Port Elizabeth East London Beit Bridge

Other: _____

No. of Employees - Western Cape: _____ **National:** _____

Is your company represented on any other forums or associations? Yes No

Please state which associations/forums and the level of involvement:

Please indicate which SAAFF committees you would be prepared to serve on:

- | | | |
|---|---|---|
| <input type="checkbox"/> Airfreight Sub-Committee | <input type="checkbox"/> Customs Sub-Committee | <input type="checkbox"/> Perishable Sub-Committee |
| <input type="checkbox"/> Maritime Sub-Committee | <input type="checkbox"/> Training Sub-Committee | <input type="checkbox"/> Membership Sub-Committee |

Have any of the directors had a judgment against them in their corporate capacity?

- Yes No

If yes please supply details: _____

* Use a separate sheet if necessary

We hereby acknowledge that, should our application for membership be successful, our organization and its employees will uphold the Association's Code of Ethical Conduct, and that we will fulfill our obligation to pay both regional and national annual subscriptions.

SIGNATURE: _____

DESIGNATION: _____

NAME: _____

DATE: _____

AFFILIATED TO THE SOUTH AFRICAN ASSOCIATION OF FREIGHT FORWARDERS



For Office use only

Date Application received: _____ Date tabled _____

Approved Rejected Reason: _____
