

# Bapo Ba Mogale Business Chamber

## Membership Application Form



*Please complete all relevant information in the grey blocks indicated and attach copies of applicable documents as per the checklist at the end of the form. The Executive Committee will evaluate the application and applicants will be informed of the outcome of their decision regarding membership.*

### Business Information

|   |                          |                 |                          |                    |                          |             |                          |         |
|---|--------------------------|-----------------|--------------------------|--------------------|--------------------------|-------------|--------------------------|---------|
| Application date:   |                          |                 |                          |                    |                          |             |                          |         |
| Company name:   |                          |                 |                          |                    |                          |             |                          |         |
| Trade name:   |                          |                 |                          |                    |                          |             |                          |         |
| Local physical address:                                       |                          |                 |                          |                    |                          |             |                          |         |
|   |                          |                 | Post code                |                    |                          |             |                          |         |
| Head office address:  |                          |                 |                          |                    |                          |             |                          |         |
|   |                          |                 | Post code                |                    |                          |             |                          |         |
| Postal address:   |                          |                 |                          |                    |                          |             |                          |         |
|   |                          |                 | Post code                |                    |                          |             |                          |         |
| Date established:   |                          |                 |                          |                    |                          |             |                          |         |
| Form of business:   | <input type="checkbox"/> | Sole Proprietor | <input type="checkbox"/> | Closed Corporation | <input type="checkbox"/> | Partnership | <input type="checkbox"/> | Company |
| Registration no:  |                          |                 |                          |                    |                          |             |                          |         |
| Income tax no:  |                          |                 | Vat registration no:     |                    |                          |             |                          |         |
| Details of branches/wholly owned subsidiaries to be included: |                          |                 |                          |                    |                          |             |                          |         |

|                         |                      |                 |                      |   |
|-------------------------|----------------------|-----------------|----------------------|---|
| Phone number:           |                      |                 |                      |   |
| General email:          |                      |                 |                      |   |
| Website:                |                      |                 |                      |   |
| Latest annual turnover: |                      |                 |                      |   |
| BEE:                    | <input type="text"/> | Certified level | <input type="text"/> | % ownership from previously disadvantaged |
|                         |                      |                 | <input type="text"/> | % women ownership                         |

## Business Category

|                                       |  |                                 |
|---------------------------------------|--|---------------------------------|
| Accommodation                         |  | Home and Garden                 |
| Accounting and Auditing               |  | Human Resources                 |
| Agriculture                           |  | I.T                             |
| Animals and Pets                      |  | Infrastructure and Construction |
| Arts and Culture                      |  | Insurance                       |
| Automotive                            |  | International Trade             |
| Aviation                              |  | Legal                           |
| Building Services                     |  | Manufacturing                   |
| Business and Office Services          |  | Marketing and Advertising       |
| Business Development                  |  | Media                           |
| Cleaning and Maintenance              |  | Mining                          |
| Construction                          |  | Pharmaceutical                  |
| Education                             |  | Petroleum                       |
| Employee Wellbeing                    |  | Property                        |
| Energy                                |  | Retail                          |
| Entertainment                         |  | Safety and Security             |
| Finance                               |  | Social Services/CSI             |
| Food and Beverage                     |  | Sports                          |
| Functions and Events                  |  | Training                        |
| Government Services                   |  | Transport and Logistics         |
| Health and Beauty                     |  | Travel and Tourism              |
| Health and Medical                    |  | Waste Management                |
| Other: <i>(add description below)</i> |  |                                 |

## Membership classification

|                 |                          |   |                          |   |                          |                   |
|-----------------|--------------------------|---|--------------------------|---|--------------------------|-------------------|
| Classification: | <input type="checkbox"/> | Full  | <input type="checkbox"/> | Affiliated Association                                | <input type="checkbox"/> | Corporate Partner |
| Type:           | <input type="checkbox"/> | Gold R250<br>(turnover under<br>R1,000,000) | <input type="checkbox"/> | Platinum R500<br>(turnover of<br>R1,000,000 and more) |                          |                   |

## Primary Representative

|                |  |
|----------------|--|
| First name:    |  |
| Last name:     |  |
| Title:         |  |
| Position held: |  |
| Cellphone:     |  |
| Email:         |  |

## Declaration

I, \_\_\_\_\_ as a

representative of \_\_\_\_\_ (organisation's name if applicable) hereby confirm that the information contained in this membership application is true and hereby confirm that:

- As a person, is of sound mind and good standing or as an organisation,
- Owns and runs a business within the region or lives in the Bapo Ba Mogale region
- Has an interest in local economic development and with good knowledge and understanding of the economic situation in the region
- Will voluntary contribute to the success of the Council and the region by means of apprenticeships, internships, mentoring and shadowing
- Will comply with Chamber Constitution

|            |  |
|------------|--|
| Signature: |  |
| Name:      |  |

|       |  |
|-------|--|
| Date: |  |
|-------|--|

## Document checklist

*Please include certified copies of all relevant documents with membership application*

- Company/CC registration documents
- Proof of residence or operating business in region
- Identification documents of all members/directors/owners
- Identification document of representative
- BEE certificate
- Tax clearance certificate
- UIF compliance certificate
- Any other industry specific certification