

Application for membership

Registered Enterprise/Entity Name: _____

Registered Street Address: _____

Postal Code: _____

Postal Address: _____

Postal Code: _____

VAT Registration Number: _____ Date Established: _____

Enterprise/Entity Registration Number: _____ Selected category of Employees: _____

Telephone: (_____) _____ Facsimile: (_____) _____

General e-mail: _____ Website: _____

Head Office situated in: _____ Number of branches/subsidiaries: _____

Business Description: *Please describe briefly the main activity/activities of the business:* _____

Reason for joining: _____

Authorised representative: *Dr/Prof/Mr/Mrs/Ms:* _____ Name: _____ Surname: _____

Designation: _____ Cell Number: _____

Telephone: (_____) _____ Facsimile: (_____) _____ e-mail: _____

Contact details of other staff members wishing to receive electronic communications eg Financial Manager, Marketing Manager etc.

Financial Manager: *Dr/Prof/Mr/Mrs/Ms:* _____ Name: _____ Surname: _____

Telephone: (_____) _____ Cell Number: _____ e-mail: _____

Marketing Manager: *Dr/Prof/Mr/Mrs/Ms:* _____ Name: _____ Surname: _____

Telephone: (_____) _____ Cell Number: _____ e-mail: _____

Human Resources Manager: *Dr/Prof/Mr/Mrs/Ms:* _____ Name: _____ Surname: _____

Telephone: (_____) _____ Cell Number: _____ e-mail: _____

Training Co-ordinator: *Dr/Prof/Mr/Mrs/Ms:* _____ Name: _____ Surname: _____

Telephone: (_____) _____ Cell Number: _____ e-mail: _____

BBBEE Representative: *Dr/Prof/Mr/Mrs/Ms:* _____ Name: _____ Surname: _____

Telephone: (_____) _____ Cell Number: _____ e-mail: _____

Other: _____ *Dr/Prof/Mr/Mrs/Ms:* _____ Name: _____ Surname: _____

Telephone: (_____) _____ Cell Number: _____ e-mail: _____

Does the Enterprise/Entity: Export: _____ Import: _____ Is the Enterprise/Entity: Youth owned: _____ Woman owned: _____

18 - 35 years

Are you applying for Associate membership: _____

Annual Turnover: Less than R5 million: _____ R5 million to R35 million: _____ More than R35 million: _____

BBBEE: In terms of BBBEE, what is the "level of compliance": _____

Cape Chamber of Commerce and Industry

4th floor, 33 Martin Hammerschlag Way, Foreshore, Cape Town 8001

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facebook: CapeChamberofCommerce

www.capechamber.co.za

twitter: @cape_chamber

Classified Index

For purposes of recording particulars of your business operation/s in the Chamber's classified index, you are kindly requested to indicate the classified headings, which will be used for listing purposes.

Please mark the categories applicable to your business as follows:

Agent: A Consultant: C Manufacturer: M Retailer: R Services: S Wholesaler: W Other Business: O

Please indicate which category/ies are applicable to your business (maximum of 3)

- | | |
|--|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Agriculture and Fishing | <input type="checkbox"/> Information Systems and Communications Technologies |
| <input type="checkbox"/> Airconditioning, Refrigeration and Cold Storage | <input type="checkbox"/> Jewellery, Arts, Crafts and Curios |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Banking, Insurance and Finance | <input type="checkbox"/> Machinery |
| <input type="checkbox"/> Business Services and Consultants | <input type="checkbox"/> Marine Services and Products |
| <input type="checkbox"/> Chemical, Plastic, Rubber and Glass Industries | <input type="checkbox"/> Media, Marketing and Publishing |
| <input type="checkbox"/> Clothing, Textiles, Footwear, Leather and Accessories | <input type="checkbox"/> Metals and Metal Products |
| <input type="checkbox"/> Construction, Building and Related Industries | <input type="checkbox"/> Mining and Quarrying |
| <input type="checkbox"/> Education and Training | <input type="checkbox"/> Pharmaceuticals, Toiletries and Cosmetics |
| <input type="checkbox"/> Energy Sector | <input type="checkbox"/> Printing, Packaging and Stationery |
| <input type="checkbox"/> Engineering and Electronics | <input type="checkbox"/> Property |
| <input type="checkbox"/> Entertainment and Leisure | <input type="checkbox"/> Public Services Sector |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Research and Development |
| <input type="checkbox"/> Export/Import | <input type="checkbox"/> Safety and Security |
| <input type="checkbox"/> Food, Beverage and Related Services | <input type="checkbox"/> Sports and Recreation |
| <input type="checkbox"/> Freight Forwarders and Clearing Agents | <input type="checkbox"/> Tourism, Travel and Hospitality |
| <input type="checkbox"/> Furniture | <input type="checkbox"/> Transport |
| <input type="checkbox"/> Health, Medical and Welfare Services and Products | <input type="checkbox"/> Water and Related Services |
| <input type="checkbox"/> Horticulture | <input type="checkbox"/> Other: please specify: _____ |
| <input type="checkbox"/> Household Products and Services | _____ |

Your membership of the Chamber is ongoing and will only be cancelled by written request.

I/We hereby make application for Membership of the Cape Chamber of Commerce and Industry. If elected, will observe and be bound by the rules, regulations and by-laws of the said Chamber as may be in operation during the term of my/our membership.

Name Authorised Signature Designation Date

Name Witness Designation Date

Contactable References:

Please supply two contactable references: eg a supplier and a client who has made use of your product and/or service recently

Enterprise Name Contact Person email Contact Number

Enterprise Name Contact Person email Contact Number

Privacy Policy:

All information and correspondence relating to the Application Form, will be handled and dealt with in the strictest confidence.

Disclaimer:

The Chamber will not be held liable in respect of any claim whatsoever, which may arise from the completion and reliance of the information contained therein.

For office use only

Introduced by: _____ Enterprise/Entity Name: _____ Date: _____

Ref 1 checked by: _____ Date: _____ Ref 2 checked by: _____ Date: _____