



SUID-AFRIKAANSE NASIONALE SAADORGANISASIE

SOUTH AFRICAN NATIONAL SEED ORGANIZATION

NPC Reg No 1989/003392/08

APPLICATION FOR MEMBERSHIP

Submission Date:

1. Return the completed application forms to the Secretariat at genman@sansor.co.za
2. Upon receipt of the completed forms, the application will be presented to the Board of Directors for approval. Once approved by the Directors a Code of Ethics will be forward to you for signing.
3. On receipt of the signed Code of Ethics confirmation of membership registration including your membership number will be emailed to you, along with the details of the independent auditor that has been appointed to manage the membership fees and administrate the invoicing and collection of membership fees.
4. The auditor will generate your invoice and email it to you. Please pay the amount on the invoice and use your membership number as reference for the payment. The banking details will be provided on the invoice. *Please note that these banking details are for a separate trust account for membership fees only and not SANSOR banking details.*
5. Your application will be processed once payment is received and confirmation of your membership to the Secretariat will be emailed to you.

We, the undersigned, hereby apply for membership of SANSOR and undertake to be bound by the Memorandum of Incorporation and Administration Rules of SANSOR.

COMPANY NAME

FULL NAME OF CHIEF EXECUTIVE OFFICER

CONTACT PERSON/S

(Membership fees, circular, etc)

POSTAL ADDRESS

..... **POSTAL CODE**

DIRECTORS

MM Ramokgopa (Chairman), NJB Goble (Vice-Chairman), CR Volbrecht, B Lever, DE Malan, RH Roselt, L Chetty



PHYSICAL ADDRESS

..... POSTAL CODE

DATE OF FINANCIAL YEAR END VAT No.:

TEL No.: FAX No.:

E-MAIL: WEBSITE:

CELL No.:

Have you ever been a members of SANSOR before?

Yes ☐ No ☐

If YES, what was the name of the registered company:

Does your company have any affiliates or subsidiary companies?

Yes ☐ No ☐

If YES, lists companies names:

Provide your CIPC registration number:

DALRRD Registration:

Yes ☐ No ☐

DALRRD Reg No.: _____

Documents to be attach: (compulsory)

1. DALRRD Registration Certificate

☐

2. Company CIPC

☐

TYPE OF MEMBERSHIP

FULL MEMBER

☐

Full members must be registered with DALRRD

THIRD PARTY DISTRIBUTOR

☐

AFFILIATE MEMBER

☐

ASSOCIATED MEMBER

☐

INTERNATIONAL MEMBER

☐

RESEARCH AND TRAINING

☐

DIVISIONS

AGRONOMY

☐

HORTICULTURE

☐

FORAGE

☐

Please indicate:

TYPE OF ACTIVITY

Breeder		Retail for farmers/growers	
Conditioner/Cleaner		Retail for garden/hobby markets	
Exporter		Seed grower/Seed producer	
Importer		Wholesaler	

Please provide information on your Company to support your application for membership:

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APPLICATION SIGNED BY:
FULL NAME

SIGNATURE: CAPACITY:

FOR OFFICE USE ONLY

PROPOSED BY: COMPANY:

SIGNATURE:

SECONDED BY: COMPANY:

SIGNATURE:

FOR OFFICE USE ONLY

BOARD MEETING DATE:

APPLICATION APPROVED:

APPLICATION REJECTED

RE-SUBMISSION

REQUIREMENTS FOR RE-SUBMISSION:

DATE:

MEMBERSHIP NUMBER: