

APPLICATION FORM

Your Company Details

Company Name: _____

Company Registration: _____

VAT Registration Number: _____

Postal Address: _____ Code: _____

Physical Address: _____

Applicants Details

Name: _____ Surname: _____

ID Number: _____

Cell No.: _____

Telephone: _____ Fax: _____

E-mail Address: _____

Please indicate by X which option you wish to apply for.

National – R 6 000.00

Regional 1 – R 3 000.00

Regional 2– R 1 200.00 Less than 100 Employees

Payment Method:

EFT Cheque Bank Deposit

Banking Details

Bank: Standard Bank **Branch:** Hyde Park **Branch Code:**006605 **Account number:**02 227 209 7

DECLARATION BY APPLICANT

Our company hereby applies for membership of the Association Sales & Merchandising Companies and, upon being accepted, agrees to abide by the Terms and Conditions governing membership of ASMC.

We herewith confirm that we meet with the Minimum Standard requirements in order to maintain our membership status.

I/We agree to the payment of an annual subscription to maintain membership of the organisation.

Name: _____ **Date:** _____

Signature: _____