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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 accounts@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 forwarded 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 DETAILS OF CEO

CONTACT PERSON/S

(Membership fees, circular, etc)

CONTACT DETAILS

POSTAL ADDRESS

..... **POSTAL CODE**

DIRECTORS

MM Ramokgopa (Chairman), NJB Goble (Vice-Chairman), CR Volbrecht, B Lever, DG Steyn, DE Malan, 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:****Department of Agriculture
(DoA) Premises Registration:**Yes No **DoA Reg No.:** _____**Documents to be attach: (compulsory)**1. DoA Registration Certificate 2. Company CIPC **TYPE OF MEMBERSHIP****FULL MEMBER**

Full members must be registered with DoA

THIRD PARTY DISTRIBUTOR**AFFILIATE MEMBER****ASSOCIATE MEMBER****INTERNATIONAL MEMBER****RESEARCH AND TRAINING****DIVISIONS****FIELD CROPS****VEGETABLES &
ORNAMENTAL****FORAGE & TURF**

Please indicate:

TYPE OF ACTIVITY

Breeder	Retail for farmers/growers
Conditioner/Cleaner	Retail for garden/hobby markets
Exporter	Seed grower/Seed producer
Importer	Wholesaler
Service Provider to the seed Industry	

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

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 BE-SUBMISSION:

DATE:

MEMBERSHIP NUMBER: