



SOUTH AFRICAN ASSOCIATION OF SHIP OPERATORS AND AGENTS

APPLICATION FOR MEMBERSHIP

To be completed by Firms, Partnerships, Companies or Close Corporations actively involved in Shipping Lines, Ownership, Ships Agency, Ship Operations and/or Ship Broking business. Application from businesses not involved in any of these activities, will not be considered.

We.....
(Full name of Firm, Partnership, Company or Close Corporation and Business Registration No.)

of.....
(Full street address and City of the Head Office of the business)

email: Fax No:.....

Telephone No: (.....). Website Address:.....

herein represented by

.....
(Full name of person signing Application Form)

in his capacity as ** Proprietor/Partner/Director, hereby applies for election as a Member of the Association. (** delete as appropriate)

(a) Is Applicant a Firm, Partnership, Company or Close Corporation?
(Tick where applicable)

(b) Date on which your business actively commenced:

(c) Who are the Directors?

(d) Who is the Managing Director.....contact number:.....

(e) Who are the Applicant's Bankers?

(f) Principal nature of your business (Owner, operator, agent or shipbroker).....

(g) If you are a Ships Agent, please advise how many vessels handled per month, and list major Principals whom you currently represent.

.....

(h) If you are a Ship Owner, please provide the following information:

Types of vessels operated.....

Domicile of Principal.....

Ports of call.....

Origin of trade.....

Destination of trade.....

(h) Who amongst Management are Fellows/Members of the Institute of Chartered Shipbrokers?

.....

(i) What other professional qualifications are held by your Directors/Partners/Staff? (eg: Ships Masters qualification or similar.)

.....

(j) State actual amount of Liability Insurance and supply Policy number and date.

.....

(k) Does your organization have a TNPA or TPT Port/LedgerAccount.....

(l) Skills Development Levy Account No:

(m) Do you employ a Skills Development Officer (Yes / No) and what is his / her name:

.....

(n) Would you be prepared to sit on, and assist in any Sub Committee SAASOA might wish you to join, to further the activities of the Association? (Yes / No).

(o) If a fidelity fund is decided by the Associations Directors to be in the best interests of the Association, would you be prepared to contribute? (Yes / No).

(p) My Organization has operations in the follows areas, where we have a functioning Office:

.....

(List Towns / Ports in R.S.A and provide information for each as under question (q) below).

(q) (i) Email Addresses:

.....

(ii) Fax No's:

(iii) Telephone No's:

(iv) Website Address:

(v) Physical Address or P.O. Box Number

.....

(r) How many Staff in total do you employ listed demographically? These requirements are due to Government initiatives, involving Equity, Training and Black Economic Empowerment issues.

.....

.....

.....

(s) Are you prepared to accept a verichack audit, if considered necessary, by the Directors? (Yes / No).

All the above information will remain strictly confidential to the Association, and its Officers.

We agree that in the event of our election to Membership, we will be governed by the Articles of Association, in force at date hereof, and the rules, regulations and Code of Conduct, both now and as they may hereafter be altered.

- 4 -

NAME OF PROPOSER AND COMPANY:

Signature: (Designation)
(Director/Partner)

NAME OF SECONDER AND COMPANY:

(Secunder must be a different SAASOA Member to the Proposer)

Signature: (Designation)
(Director/Partner)

Name and address of Auditors to be provided.....

.....

AUDITOR'S Signature..... **Date**.....

We undertake to advance the objects of the Association as far as may be in our power, and we certify all of the above statements to be factual and correct.

DATE: SIGNED:
(Director/Partner)

Please return to: The Secretary
South African Association of Ship Operators and Agents
P O Box 1635
Durban 4000

Or email to: secretary@saaso.co.za

APPROVED BY BRANCH:

Signature: (Designation)
(Chairman/Secretary)

Approved by Directors

Signature.....(Designation).....
(Chairman/Secretary)