



NATIONAL CONTRACT CLEANERS ASSOCIATION

APPLICATION FORM FOR MEMBERSHIP/RENEWAL

*** CATEGORY – ASSOCIATE MEMBER ***

I/We the undersigned, do hereby make application for membership of the Gauteng Branch of the National Contract Cleaners Association.

Please tick applicable box of the NCCA Branch you wish to join:

Border-Kei	East Cape	Gauteng	KwaZulu Natal	West Cape	Limpopo
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I/We agree, if admitted as a member, to uphold and abide by the Constitution, the Code of Ethics, any Legislation applicable to the industry, and any rules and decisions of the Association as may be determined from time to time.

1. DETAILS OF APPLICANT

Trade name of applicant.....

Indicate Sole proprietor, Partnership, Ltd or Pty Ltd Company, or CC.....

Street address.....

Postal address.....Code.....

E-mail address..... Web site address.....

Telephone No (Code.....).....Fax No (Code.....).....

Full names of Proprietor, Partners, Directors, Members

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Name of representative to whom all correspondence should be directed i.e., the main contact person

.....Cell no.....

E-mail address.....

- **Associate Member:** means a Supplier Company or Individual not being eligible for admission as a Contract Cleaning Member, but by nature of products and/or services supplied to the Contract Cleaning Industry, is in the opinion of the Branch Membership Committee eligible for membership.

Additional persons in your organisation who you would like to receive NCCA correspondence:

Name.....E-mail address.....

Name.....E-Mail address.....

Name.....E-mail address.....

2. **DATE OF ESTABLISHMENT OF BUSINESS**.....

3. **DATE, IF ANY, OF ACQUISITION OF BUSINESS BY PRESENT OWNER**.....

4. **TRADE REFERENCES**
Give the names and addresses of two trade references:
.....
.....

5. **SCOPE OF BUSINESS**
State briefly the scope of your business:
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.....
.....

6. **BRANCHES/SUBSIDIARY COMPANIES**
Do you have any branches and/or subsidiary companies? YES/NO.....

If yes, state address and name under which branch/subsidiary is trading:

<u>NAME OF BRANCH/SUBSIDIARY</u>	<u>ADDRESS</u>
.....
.....
.....

7. **SKILLS DEVELOPMENT LEVY**
State your SARS registration number, if applicable?.....
State to which SETA you contribute?.....

8 **INSURANCE**
8.1 Compensation for Occupational Injuries and Diseases Act (COID) –
State your registration number for this fund.....
8.2 State the name of the Insurance Company with whom you have Public Liability Cover
.....
8.3 What is the amount of cover you hold?
R.....

DECLARATION BY APPLICANT

I declare that I am authorised to complete this application on behalf of the applicant and if accepted will be responsible for the payment of fees as set out on page 4. The information supplied herein is true and correct to the best of my knowledge. I hereby agree that the information supplied herein may be captured in terms of the Labour Relations Act and POPI Act. I further **AGREE** that the information provided may be shared whether by email or on the internet or by any other means. With respect to the disclosing party's confidential information, the receiving party agrees it shall use the same degree of care in safeguarding the confidential information as it uses for its own confidential or like information, but in no event less than reasonable care.

SIGNATURE..... DATE.....

NAME..... DESIGNATION.....

NOTE

The NCCA reserves the right to accept or reject any application for membership.

FOR OFFICE USE ONLY

BRANCH MEMBERSHIP COMMITTEE

APPROVAL..... **REFUSAL**.....

CHAIRMAN.....**BRANCH**.....
Print Name

SIGNATURE.....**DATE**.....

**SCHEDULE OF FEES APPLICABLE PER REGIONAL BRANCH FOR THE
FINANCIAL YEAR 1st APRIL 2023 TO 31st MARCH 2024**

ASSOCIATE MEMBER – SUPPLIER

<u>FEES</u>	<u>EASTERN CAPE (EC) / BORDER-KEI (BK)</u>	<u>GAUTENG & LIMPOPO</u>	<u>KWAZULU - NATAL</u>	<u>WESTERN CAPE</u>
<u>NON-REFUNDABLE ADMINISTRATION FEE</u> (Applicable for all Branches except Border-Kei and is payable on submission of form)	R200	R400	R400	R200
<u>ENTRANCE FEE</u> (Once off)	R500	R560	R600	R550
<u>ANNUAL SUBSCRIPTION FEE</u>	R1 900	R2 295	R1 800	R2 000

NOTES

- Annual Subscription
Companies joining in any month after the beginning of the financial year will be invoiced on a monthly pro rata basis.
- Payment of fees
Only the administration fee is payable when making application for membership.
All other fees will only be due after your application has been approved by the applicable Branch Membership Committee, whereupon an invoice will then be raised.
- Payment of fees
After completion, please email or fax this form to the Secretary at the applicable Branch Office as detailed below.

Branch Offices

Border-Kei

The Secretary
NCCA

Tel: 086110 5881

E-mail:
border-kei@ncca.co.za

Eastern Cape

The Secretary
NCCA

Tel: 041 484 3773

E-mail:
ecbranch@ncca.co.za

Gauteng & Limpopo

The Secretary
NCCA

Tel: 086 110 5881

E-mail:
gauteng@ncca.co.za
limpopo@ncca.co.za

KwaZulu Natal

The Secretary
NCCA

Tel: 031 312 2630

E-mail:
nccakzn@telkomsa.net

Western Cape

The Secretary
NCCA

Tel: 021 686 3394

E-mail:
natasha@ncca.wc.co.za

NATIONAL CONTRACT CLEANERS ASSOCIATION



CODE OF ETHICS

A MEMBER WILL UNCONDITIONALLY:

- **PROVIDE APPROPRIATE SERVICES TO MEET CUSTOMER NEEDS, AT PRICES ECONOMIC TO BOTH PARTIES.**
 - **EMPLOY COMPETENT STAFF AND MAKE THEM EFFECTIVE THROUGH TRAINING AND THE PROVISION OF SUITABLE EQUIPMENT AND MATERIALS.**
 - **RESPECT COMPETITORS WITHIN THE SPIRIT OF FREE ENTERPRISE.**
 - **PROMOTE THE INDUSTRY THROUGH PROFESSIONALISM AT ALL LEVELS.**
 - **COMPLY WITH THE STATUTES AND THE ASSOCIATION'S CONSTITUTION, AND BE OPEN TO AUDIT IN ORDER TO ENSURE COMPLIANCE.**
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