



NATIONAL CONTRACT CLEANERS' ASSOCIATION

APPLICATION FOR RENEWAL OF MEMBERSHIP 2024/2025

***CATEGORY – ASSOCIATE MEMBER ***

“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”

I/We, the undersigned, apply for renewal of membership of the National Contract Cleaners Association.

Please Note: A renewal membership is only granted to a member who was an active member in the previous membership year, failing which the application will be treated as a new membership application, to ensure criteria with all NCCA Membership statutory requirements are met.

NOTE RE MEMBERSHIP CATEGORIES:

1. Branch Membership

- Gauteng - Includes the following regions - Northwest, Mpumalanga, Free State and Northern Cape Province.
- KwaZulu Natal - KZN Branch falls under the KZN Bargaining council rules and fee structure applicable.
- Border-Kei – Applications for this region should be directed to the Eastern Cape Branch.

2. National Membership

Eligibility for National membership includes a Company with a national footprint and allows for automatic membership with all NCCA Branches at a discounted fee.

Please tick below applicable box for renewal purposes:

| | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| National | Gauteng | Limpopo | Eastern Cape | West Cape | KwaZulu Natal |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

1. DETAILS OF MEMBER

Registered name of member.....

Trading name

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

Membership Ref. no.

In the event of multiple branch renewals, or for National membership, please indicate your current membership held as per the 2023/2024 membership period - (Branch/where applicable)-

| <u>Branch</u> | <u>Reference No.</u> | <u>Branch</u> | <u>Reference No.</u> |
|----------------------|-----------------------------|----------------------|-----------------------------|
| Gauteng (GAU) | | Eastern Cape (EC) | |
| Limpopo (LP) | | Border-Kei (BK) | |
| Western Cape (WC) | | KwaZulu Natal (KZN) | |

Physical address.....

 Postal address..... Code.....
 Email address..... Website address.....
 Telephone No (code.....) Cell No.....

2. CONTACT DETAILS

Primary contact person -Representative to who all correspondence should be directed.

Name..... Cell No.....
 Email address.....

(If applicable)- please list any additional contacts to be included for communication /admin purposes.

| <u>Department</u> | <u>Name</u> | <u>Email</u> | <u>Contact No/Cell</u> |
|-------------------|-------------|--------------|------------------------|
| | | | |
| | | | |
| | | | |

3. SCOPE OF WORK

Please indicate below your current service offering to the cleaning industry-

- | | | | |
|-------------------------------|--------------------------|-----------------------------------|--------------------------|
| Cleaning chemicals | <input type="checkbox"/> | Protective clothing and equipment | <input type="checkbox"/> |
| Cleaning equipment | <input type="checkbox"/> | Rental services | <input type="checkbox"/> |
| Industrial Cleaning machinery | <input type="checkbox"/> | Training - Product / Service | <input type="checkbox"/> |
| Cleaning service workwear | <input type="checkbox"/> | Other (specify)..... | |

4. COMPANY REGISTRATION

Date of establishment of Business.....
 Date, if any, of acquisition of business by present owner.....
 Full names of Proprietor, Partners, Directors, Members

Please provide the following information-

- a) Company Registration Number
- b) VAT Number (if applicable)
- c) Skills Development Levy No
***Note:** Where an employers' total salaries exceed R500 000 or expects that the total salaries will exceed the threshold over the following 12 months, that employer becomes liable to register for and pay SDL- (SARS)*
 Which SETA are you registered with?

5. INSURANCE

5.1 Compensation for Occupational Injuries and Diseases Act (COID) –

State your registration number for this fund.....

5.2 State the name of the Insurance Company with whom you have Public Liability Cover

.....

What is the amount of cover you hold? R.....

6. BRANCHES/SUBSIDIARY COMPANIES

Do you have any Branches..... / or Subsidiary Company/'s (YES/NO)

***NOTE:** A branch being a separate physical office which is part of a larger company and a subsidiary being a separate company whose shares are owned by a larger 'parent' company '*

If YES, please indicate region below and provide name and address of branch under which branch/ subsidiary is trading.

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Gauteng | Limpopo | Eastern Cape | West Cape | KwaZulu Natal |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

CONTACT DETAILS

| <u>Name of Branch/Subsidiary</u> | <u>Contact Name</u> | <u>Email</u> | <u>Contact No/Cell</u> |
|----------------------------------|---------------------|--------------|------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

7. 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.

8. DECLARATION BY MEMBER

I/We, declare that I am authorised to complete this application for renewal of membership on behalf of the applicant, and if accepted, will be responsible for the payment of fees as set out on page 5.

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 the exception of any cleaner numbers declared.

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.

I/We, agree that in the event of approval of this application, to uphold and abide by the Constitution, the Code of Ethics, all Legislation applicable to the industry, any Rules and decisions of the Association as may be determined from time to time, and the payment of fees when due.

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

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

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

FOR OFFICE USE ONLY

BRANCH MEMBERSHIP COMMITTEE

APPROVAL **DECLINED**

CHAIRPERSON..... **BRANCH**.....

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

**SCHEDULE OF ANNUAL FEES APPLICABLE
FOR THE FINANCIAL YEAR 1st APRIL 2024 TO 31st MARCH 2025**

| <u>FEES NON-REFUNDABLE</u> | <u>GAUTENG</u> | <u>LIMPOPO</u> | <u>EASTERN CAPE INCL BORDER- KEI</u> | <u>WESTERN CAPE</u> | <u>KWAZULU NATAL</u> |
|---|-----------------------|-----------------------|---|--------------------------------|---------------------------------|
| <u>ADMINISTRATION FEE</u> | N/A | | | | R400 |
| <u>ENTRANCE FEE (Once off)</u> | | | | | R600 |
| <u>BRANCH MEMBERSHIP</u> | | | | | |
| <u>ANNUAL SUBSCRIPTION FEE</u> | R2 500 (excl. VAT) | R2 500 | R2 500 | R2 500 | R1 800 |
| <u>NATONAL MEMBERSHIP</u> | | | | | |
| <u>ANNUAL SUBSCRIPTION FEE</u> | R6 000 (excl. VAT) | | | | N/A |

NOTES:

1. VAT Registration – Please note, the Gauteng Branch of the NCCA is registered for VAT.
2. Annual Subscription
Companies joining in any month after the beginning of the financial year will be invoiced in full for the annual subscription fees.
3. Payment of fees
All fees will only be due after your renewal application has been approved whereupon an invoice will then be raised.
4. Renewal membership application
 - Branch Membership - Please email your application form to the Secretary at the applicable Branch Office as detailed below.
 - National Membership – Please email the national secretary - national@ncca.co.za.

Branch Offices

Gauteng

Membership administrator
Tel: 0861 105 881
gautengbranch@ncca.co.za
The Secretary
gauteng@ncca.co.za

Limpopo

The Secretary
Tel: 0861 105 881
limpopo@ncca.co.za

Eastern Cape

The Secretary
Tel: 041 484 3773
ecbranch@ncca.co.za

KwaZulu Natal

The Secretary
Tel: 031 312 2630
nccakzn@telkomsa.net

Western Cape

The Secretary
Tel: 0861 105881
natasha@nccawc.co.za
national@ncca.co.za