

Application for Membership

Name of Applicant:					
Applicant's Nature of Business:					
Applicant Registration Number:	Country of Registration:				
Registered Address:					
VAT Registration:					
Total number of Applicant Employees:					
Is the applicant a Multinational? Y / N (please circle applicable					
Name of Parent Company of the Applicant:					
Parent Company's Nature of Business:					
Parent Company's Registration Number:	_Country of Registration:				
Parent Company's Registered Address:					
Total Number of Parent Company's Employees:					
Total Number of Parent Company and Applicant employees:					
Number of Directors of the Applicant:					

Name of Directors:	Designation:	
(1)	CEO / MD / Owner	E-mail:
2)		E-mail:
3)		E-mail:
4)		E-mail:
(5)		E-mail:
NB: Should the number	er of directors exceed 5 (five) the	e please attach a separate sheet listing all
directors.		
Applicant Contact Per	son:	
Telephone:	Office:	Mobile:
Fax:		
, ,		
Company LinkedIn:		
Company Twitter:		
I,	, the undersigned, in my capac	city as of the
applicant	hereby apply to becon	ne a member of the Spanish Chamber
of Commerce in South	Africa (SCC) as from	2020. I hereby confirm that I
have read and underst	ood the SCC MOI, Charter and c	code of conduct. I hereby confirm that the
details supplied herein	is, to the best of my knowledge i	including but not limited to the number of th

total number of employees and the membership category I am applying for.

MEMBERSHIP CATEGORY APPLYING FOR:

W	/HITE FLAG	: (1 – 3 applicant & parent company employees)	R 3,300.00 p.a			
В	LUE FLAG	: (4-50 application & parent company employees)	R 6,600.00 p.a.			
R	ED FLAG	: (51-250 applicant & parent company employees)	R 12,600.00 p.a.			
G	OLD FLAG	: (251-1000 applicant & parent company employees	R 22,000.00 p.a			
Ρ	LATINUM F	LAG* (>1000 applicant & parent company employees	R 35,000.00 p.a			
Please note that the total number of employees used to determine membership categories is the total of applicant and parent company employees globally.						
The membership category of the applicant will be subject to approval of the SCC's Board of Directors after the necessary due diligence and verifications are completed.						
Name of Account: Spanish Chamber of Commerce (RSA) NPO Bank: Nedbank Branch code: 160 245 Account number: 105 166 12 69 SWIFT CODE: NEDSZAJJ						
Please indicate by ticking in the boxes below if you wish to receive events and membership benefits emails.						
Yes No No						
Terms & Conditions						
1.		ation for Membership to join the Spanish Chamber of Comn to approval by the SCC Board of Directors.	nerce in South Afric	ca ^{NPC} (SCC)		
2.		plication for membership is approved, the new member dum of Incorporation (MOI), Rules and Regulations and				

- membership fees.
- The SCC charges a nominal fee to cover attendance at some events. This is to ensure that those we cater for do in fact attend. Non-attendance after written confirmation of attendance was received must still be paid for in full.
- By providing your e-mail particulars, you give the SCC permission to send e-mails to you and your 4. nominees.
- A Member who resigns:
 - shall be bound by the provisions of the SCC's Memorandum of Incorporation and any Rules of the SCC until the date of the final termination of its Membership; and

- 5.1.2 shall not be entitled to any refund and shall be liable for its financial and/or any other responsibilities to the SCC, including any arrears which are due up to the date of expiry of its period of notice; and
- 5.1.3 shall be liable for the payment of subscriptions for any particular year unless the resignation was submitted in writing prior to the 31 December of the previous year.

Name and title of person signing application form (please print):				
Signed at day of				
(PRINTED FULL NAMES)	(SIGNATURE)			
Date:				
Please scan and email the completed form to info@spaincc.org				
MEMBERSHIP APPLICATION APPROVAL STATUS BY THE SCC BOARD OF DIRECTORS: Approved Not Approved				
Name of Board Member:	Signature:			
Date:				
For office use only:				
Invoice number: Date of inv	voice:			
Date of payment received:				