



APPLICATION FOR MEMBERSHIP 2022/23

(Please tick applicable box)

New Applicant	<input type="checkbox"/>	Renewal	<input type="checkbox"/>
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Guidelines:

- This application form is for small bus operators in the Northern Cape Province who wish to join SANSBOC.
- The form must be signed in the designated areas by an authorised member of the operating company.
- Prescribed fees must be paid directly to the bank account of SANSBOC Northern Cape and proof of payment must accompany the form (unless exempted).
- Membership will only be confirmed once the application is confirmed by Office of the Provincial Secretary and a membership number is allocated.

MEMBERSHIP CATEGORY			
Category	Tick	Category	Tick
Full Membership	<input type="checkbox"/>	Sponsor/Follower	<input type="checkbox"/>
<ul style="list-style-type: none"> • Bus Owner • Member directly involved in the operations. • Full voting rights • Full representation benefits 	<input type="checkbox"/>	<ul style="list-style-type: none"> • Individuals, entities, and associations supporting the course and mandate of SANSBOC 	<input type="checkbox"/>
Annual Application Fee		No Annual Application Fee Applicable	
Free for 2022/23		Free	

Banking details available on request

PART 1: APPLICANT PARTICULARS

Name of Applicant		
Trading Name		
Registration Number		
Region/District		
Name of Directors & Shareholding	Name	Shareholding %
	1.	
	2.	
	3	
Address	Street Address of Business	

	Code _____	
	Postal Address	

Contact Information	Telephone	_____
	Cellular phone	_____
	Fax	_____
	Email	_____
Contact person and Numbers		

PART 2: TRADING INFORMATION

Products and Services relevant to the transport industry	_____

Areas where you are currently operating	_____

TYPE OF OPERATION

Commuter		Learners		Contract		Tourism		Long Distance	
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PART 3: REQUIRED DOCUMENTS

Certified Documents	Tick
Copy of Applicant's Identity Document	
Copy of Company Registration/Sole Propriety Document	
Vehicle Registration Document (minimum 35-Seater Bus) at least one	
Membership Fee Proof of Payment	

Capacity	Number of Vehicles
More than 35-Seater	
More than 60-Seater	

SERVICES REQUIRED

Service	Tick	Service	Tick
Training and Development		Payroll Administration	
Bookkeeping and Assistance with SARS/CIPC		Legal Representation	
Tender Opportunities		Funding for Bus Purchase	
Discounted Fuel and Parts		Insurance	

PART 4: DECLARATION OF APPLICANT

I, the applicant, declares as follows:

- a) That I am duly authorised to signing this application form.
- b) That all particulars furnished by me are true and correct.
- c) That I will respect abide to the Constitution of the Council and Code of Conduct.
- d) That you will notify the Council of any change of particulars within 7 (seven) days of such changes.

NAME: **SIGNATURE:**

DESIGNATION: **DATE:**

FOR OFFICE USE

Date received	Date approved	Amount paid	Membership No.

SIGNED BY:

PROVINCIAL SECRETARY

DATE

PROVINCIAL CHAIRPERSON

DATE

