



SOUTH AFRICAN INDO-AFRO BUSINESS ASSOCIATION MEMBERSHIP APPLICATION FORM

I/We apply to be admitted as a corporate member of the South African Indo-Afro Business Association (SAIBA). I declare that I have the authority to act on behalf of the company, and that, if admitted as member, will be bound by the constitution, rules, and regulations of SAIBA during your term of membership.

MEMBERSHIP STRUCTURE AND FEES

R5000 Membership fee

Membership fees must accompany this application form. Annual Membership is automatically renewed upon payment of membership fees. Membership fees, according to SAIBA, are subject to review each year by the Association. Once our Associate Membership Application has been received and membership fees have been processed, you will be contacted by a membership service representative from SAIBA Head Office regarding your membership Certificate.

BANKING DETAILS

Once completing the 'INFORMATION FORM' please make your EFT payment to the account below:

Bank: STANDARD BANK

Name of Account Holder: THE SOUTH AFRICAN INDO-AFRO BUSINESS ASSOCIATION

Account Number: 201341107

Branch Code (Electronic Payments): 051001

Account Type: BUSINESS CURRENT ACCOUNT

Branch: FOURWAYS MALL

Reference: NAME / ORGANISATION

SOUTH AFRICAN INDO-AFRO BUSINESS ASSOCIATION

Address: 1st Floor, The Crossing, 372 Main Road, Bryanston **Telephone:** +27 (0) 10 001 5550

Email: info@saiba.co.za **Website:** www.saiba.co.za

President: Dr. K. Pather **Directors:** A. Moodliar, G. Sebulela, S. Moodley

APPLICATION FORM

Business Name*

Industry Classification*

VAT Registration Number*

Tax Number

If not registered please specify

Business Street Address*

City*

Province*

Postal Address*

Main Contact Name*

Telephone Number*

Mobile Number*

Email Address*

For Office Use:

Annual Turnover (R) (optional)

Number of Employees

Please email completed form to Deva on deva@saiba.co.za .
For additional information please call Deva on 082 719 3030

