

MEMBERSHIP APPLICATION FORM & DECLARATION – REV 02

I hereby apply for membership of POLASA, the Powerline and Substation Association.

I declare as follows on behalf of myself and the company I represent:

- 1. We subscribe to the mission and objectives of POLASA.
- 2. We subscribe to the Code of Ethics of the POLASA.
- 3. We understand and accept that the Board of Management of POLASA is empowered to accept or reject our application, or to cancel our membership should we either be judged to be in contravention of the Code of Ethics or fail to pay our membership subscriptions.
- 4. The enclosed questionnaire has been accurately completed and no information which might affect our application has been withheld.
- 5. We confirm that our company size is currently as follows and we will inform POLASA if this changes at any time.

COMPANY SIZE				POLASA	COMPANY SIZE
CLASSIFICATIO	N	ANNUAL TURNOVER	FEES		(SELECT ONE)
Exempted MicroEnterprise	EME	0-10 million	R	3,750.00	
Qualifying Small Enterprises	QSE	10-50 million	R	11,250.00	
Large Enterprises	LE	>50 million	R	22,500.00	

^{***} Please attach a copy of your BBBEE certificate/sworn affidavit. This certificate will only be used to confirm the size of the company and for no other reason.

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Membership Category, please select the	e ONE categor	y most relevant to you.
Manufacturers		
Suppliers		
Professional Service Providers		
Contractors		
Manufacturers Are companies that are predominantly i product or equipment which is used in the and infrastructure.		
Suppliers		
Are companies that are predominantly i products or equipment used in the consinclude, but are not limited to Agents, W	struction and/o	r maintenance of power lines. These
Professional Service Providers	,	
Companies that are predominantly invo the construction and/or maintenance of These include but is not limited to Engir	power lines ar	nd other heavy power infrastructure.
Contractors		
Are companies that are predominantly i lines.	nvolved in the	building and/or maintenance of power
Signed on behalf of		
COMPAN	V DED	WITNESS

of

6.

	COMPANY REP	WITNESS
NAME		
POSITION		
SIGNATURE		

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1. CO	MPANY IDENTIFICATION			
1.1	NAME			
1.1.1	Full registered name of company:			
1.1.2	Name trading as:			
1.2	REGISTRATION NUMBERS			
1.2.1	Company registration number:			
1.2.2	VAT Registration number:			
1.3	CONTACT DETAILS			
1.3.1	Telephone number:			
1.3.2	Email address:			
1.3.3	Website address:			
1.4		Code		
1.5	Physical address:			
1.6	Date of establishment:			
1.7	Subsidiary of:			
1.8	Affiliates, Branches, Divisions and Subsidiaries of the company:			

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1.9	Any certifications (e.g. ISO 9000, ISO 1400, SABS Marks, etc):				
1.10	Any other memberships to other associations, institutions, etc (e.g. ECSA, SAIEE, etc):				
1.11	General representative of the company:				
	Name	Position:			
	Cell	Telephone:			
	Email	Email2			
1.12	Accounts representative of the company:				
	Name	Position:			
	Cell	Telephone:			
	Email	Email2			
2. CC	OMPANY'S ACTIVITIES				
2.1	What is the principal business of the company?				
	What is the principal business of the company?				

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2.2	Any other business the company is engaged in:						
2.3	PRODUCT / SERVICE INFORMATION:						
	Indicate the products&ervices supplied by the company:						
I							

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	6.2	Any other useful information:						
	6.3	Attach any broo	chure(s) on the co	mpany and its p	roducts / services.			
6	6. SAMPLE LIST OF CUSTOMERS							
7. KEY STAFF MEMBERS (e.g. CEO, COO, CFO, Technical Manager, Sales manager, etc)								
	ı	Position	Nan	ne	Cell number E-mail		E-mail	

Note: Application will only be considered if the following is attached:

- Copy of the company's registration documents BBBEE certificate / sworn affidavit
- Please submit application to polasaservices@vdw.co.za

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