

SAPMA Application

PLEASE NOTE: WE ONLY ACCEPT TYPED APPLICATIONS

We hereby apply for Retail Membersh	•		J Association	n and confirm that at	a meeting of the Board of Directors
• •	ay of	20			
It was resolved that this application be	made that the Compan	ny bind itself, upon a	idmission to	such membership, to	o observe the Constitution and Code
of Conduct of the Association.					
We further confirm that at a meeting o	n the day of		20	, the board authoris	sed (name):
to sign this application of behalf of the	company.				
Subscription Fees Annual subscriptions are based on the turno will fall due on the 1st January in each yea after the 1st day of April in any year, shall b	ır, or as soon as possible a	after notification. The	subscription p	ayable in respect of the	e then current year by a member elected
Turnover Declaration Sales turnover of paint products sold in Sol firms controlled by the member and eng membership during the year of membership	aged in the industry. Turn				
Resignations Resignations from membership must have shall date from 31 December in that year.	been received by the SAPI	MA Administration any	year on or be	efore 30 September in t	he year of resignation. Such resignations
YOUR COMPANY					
Full Name of Company/Firm/Partnershi	p:				
VAT no.					
Postal Address:					
Suburb:		City:			Postal Code:
Physical Address:					
Tel:					
Fax:					
Website:					
Representative Contacts:					
Name:	Cell No.		Em	ail:	
Name:	Cell No.		Em	ail:	
Name:	Cell No.		Em	ail:	
DECLARATION OF TURNOVER FO	DI AST FINANCIAL V	EAR			
Category	Annual Turnover	LAN	2017 Ann	ual Fee Ex VAT	Declare your category and number of stores
Category A: Independent Hardware/Paint Store	0 to R1m		R	620.00	and number of stores
Category B: Independent Hardware/Paint Store	Above R1.1m		R	1 239.00	
Category C: Groups/Franchise - 1 to 20 Stores	Group H/O Per store Rollout		R R	6 193.00 372.00	
Category D: Groups/Franchise - 21 to 50 Stores	Group H/O Per store Rollout		R1 R	2 386.00 372.00	
Category E: Groups/Franchise - 51 to 100 Stores	Group H/O Per store Rollout		R1 R	8 580.00 372.00	
Category F: Groups/Franchise - 101 Stores and over	Group H/O Per store Rollout		R2 R	24 773.00 372.00	
DETAILS OF STORES IN GROUP/FRANC Details regarding the individual stores in the		e tabled on addendum	1, together w	ith the required informa	tion.

I hereby agree to the 30 day payment terms policy, effective from the date of invoice of that year. This is inclusive of renewed and new membership.

Signed: Name of Signatory:

Date: