



PLEASE EMAIL COMPLETED FORM TO: mterbeest@saaff.org.za

SAAFF Membership Application - 2017

Please tick appropriate box -

<input type="checkbox"/>	Full Member*	<input type="checkbox"/>	Associate Member**	<input type="checkbox"/>	Affiliate Member***
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- * Full Member: Clearing and Forwarding Activities inclusive of 3PL & 4PL entities
- ** Associate Member: Banks, Insurance Companies and Brokers, Attorneys, Training Service Providers, Harbour Carriers Warehouse, etc.
- *** Affiliate Member: Reciprocal Membership of various institutions

Section 1

Legal Name ** _____

Trading Name _____

Physical Address (H/O) _____

Postal Address _____

Tel _____ Fax Number _____

E-mail Address _____

Website Address _____

Names of Proprietor, Partners, Members, and Directors (indicate most senior person)

Name	Position	Contact No	Email address

Section 2

Company Details:

Company Registration No. Certified copy attached	
Date Business Commenced	
Parent Company	
Customs Code No Certified copy to be attached	
Licensed as	
VAT Registration No. Certified copy to be attached	
Branch Offices with South Africa	
BBBEE Level – Certified copy to be attached	

Core Business: (please tick appropriate box)

Airfreight:

Imp ___ Exp ___
 Imp ___ Exp ___
 Imp ___ Exp ___
 Imp ___ Exp ___
 Imp ___ Exp ___

Forwarding
 Consolidations
 Customs Clearing
 Warehousing
 Road Cartage

Seafreight:

Imp ___ Exp ___
 Imp ___ Exp ___
 Imp ___ Exp ___
 Imp ___ Exp ___
 Imp ___ Exp ___

Other (specify) _____

Section 3

This section is not applicable to the Associate and Affiliate Member Categories

Staff Employed: (please indicate by number for both import and export)

	Gauteng	KZN	E. Cape	W. Cape	Border
Airfreight					
Forwarding					
Consolidation					
Customs					
Seafreight					
Forwarding					
Consolidation					
Customs					
General					
Warehousing					
Transport					
Finance/Admin					
Sales					
Management					
TOTALS					

Total National Staff Complement as per Payroll = _____

Section 3A – Applicable to **Harbour Carriers and Warehouse Membership ONLY**

No. of Trailers..... No. of Trucks..... Total Number of Rigid Vehicles.....

In addition to the **SAAFF National Body**, please confirm Regional membership -

(Please tick the appropriate box/es) **Please print in block letters.**

SAAFF Chapters

Saaff Gauteng	<u>Yes</u>	<u>No</u>
Name of Contact Person for SAAFF affairs (preferably Operational)	Email address:	Landline: Mobile:

Saaff Western Cape	<u>Yes</u>	<u>No</u>
Name of Contact Person for SAAFF affairs (preferably Operational)	Email address:	Landline: Mobile:

Saaff Eastern Cape	<u>Yes</u>	<u>No</u>
Name of Contact Person for SAAFF affairs (preferably Operational)	Email address:	Landline: Mobile:

Saaff Kwa-Zulu Natal	<u>Yes</u>	<u>No</u>
Name of Contact Person for SAAFF affairs (preferably Operational)	Email address:	Landline: Mobile:

Saaff Border	<u>Yes</u>	<u>No</u>
Name of Contact Person for SAAFF affairs (preferably Operational)	Email address:	Landline: Mobile:

Section 4

In order to disseminate Industry information timeously, please supply -

HR Manager / Skills Development Facilitator	Direct Telephone No.	Email address

We welcome your comments and suggestions-

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Section 5

Would you like your company details listed on the SAAFF website (www.saff.org.za) **Yes / No**
If Yes – please provide:

- The website address to be listed on the SAAFF website –
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Section 6

I, _____

in my capacity as Managing Director / Chief Executive Officer / Main Member, hereby acknowledge that should our application for membership be successful, our Organisation and its employees and representatives will be governed by the Constitution of the National Association, and the Association’s Code of Ethical Conduct, and that we will fulfil our obligation to pay both the annual subscriptions.

I understand that all membership and statutory rights cease in the case of non-payment.

We consent to the Association obtaining from and exchanging with, any registered credit bureau, or any credit provider, information concerning our credit and payment history and / or credit worthiness.

The information as supplied in this application is true and correct, as attested by my signature:-

Name: _____

Designation: **Managing Director / Chief Executive Officer / Main Member**
(*delete inapplicable Designation)

Signature: _____ Date: _____

Company Rubber Stamp required.

SOUTH AFRICAN ASSOCIATION OF FREIGHT FORWARDERS

CODE OF ETHICAL CONDUCT

In recognition of the requirement that the members of the Association should maintain the highest ethical and professional standards and be mindful of the need to foster public trust and confidence in the forwarding and clearing industry, the Association has published the following Code of Ethical Conduct for adoption by its members. Therefore, every member of the Association shall:

1. Discharge its obligations to its clients efficiently, competently, honestly and with integrity and shall seek to enhance the good standing and reputation of the industry by fostering good relations with its clients, suppliers, other business partners and fellow members.
2. Keep information received from its clients confidential and shall only divulge such information to a third party with the express consent of the client concerned, or to the extent required by the law, or to execute the business.
3. Associate itself only with enterprises, transactions and dealings which are lawful in nature and which enhance the reputation of the Association.
4. Refrain from engaging in any restrictive trade practices or unlawful cartels and shall ensure that any position of market dominance is exercised honourably.
5. Market its services on its own merits, shall compete for business fairly, and shall refrain from denigrating the reputation or good name of a fellow member.
6. Inform its clients of its commitment to the Code by ensuring that a copy thereof is displayed prominently in its reception or equivalent public space, in each of the offices from which that member trades, and shall furthermore procure the awareness of and commitment to, the provisions of the Code by each of its employees.