



Non-Automotive Manufacturing Cluster Eastern Cape

MEMBERSHIP INFORMATION

BUSINESS DETAILS (return Registration Documents, BBBEE certificate/affidavit, proof of address)

Name of Business / Company			
Street Address			
Street 1			
Street 2			
Street 3			
Suburb			
City		Postal Code	
Postal Address			
PO Box			
Post Office			
City		Postal Code	
Other contact details			
Telephone		Fax	
Website			

COMPANY OWNERSHIP:

NAME	IDENTITY NUMBER	CITIZENSHIP	HISTORICALLY DISADVANTAGED INDIVIDUALS (%)	PERSON WITH DISABILITY (%)	FEMALES (%)	WHITE MALES (%)	YOUTH (35 YRS OF YOUNGER) (%)

COMPANY DESCRIPTION:

Summarized description of your business
Primary Manufacturing Sector:
Secondary Manufacturing Sector: (if needed)
Products Manufactured:

COMPANY EMPLOYMENT STATS (give a number per designate):

BLACK MALES	BLACK FEMALES	WHITE MALES	WHITE FEMALES	COLOURED MALES	COLOURED FEMALE	INDIAN MALES	INDIAN FEMALE	NON-RSA CITIZEN MALES	NON-RSA CITIZEN FEMALE	TOTAL EMPLOYEES NUMBER

CONTACT PERSON:

Please indicate the one Primary Contact for your company – this is the person who will take the lead in the company participation in the NAM Cluster.

Primary Contact					
Title:	Ms	Mrs	Mr	Dr	Other:
First Name:			Last Name:		
Job Title:					
Telephone:			Cell:		
Email Address:					
Website:					

AUTHENTICATION:

.....
INITIALS AND SURNAME

.....
POSITION

.....
DATE

.....
SIGNATURE

FOR OFFICE USE ONLY:

Form received by:

Date:

Supporting Documents included (Y/N):

Signature:

APPROVAL

Application approved/not approved (delete one)

Approved by:

Signature: