The South African Kiwi Growers NPC
Tel: +27 (0)83 880 8787 Address: PO Box 8, Haenertsburg, 0730
Website: www.sakiwi.co.za Email: info@subtrop.co.za

APPLICATION FOR MEMBERSHIP

(Please email this form to info@subtrop.co.za)

This application form consists of 3 pages. Please ensure that it is fully completed. Census information of kiwi orchards must be attached to this application.

I, _____ (please print full names),

the duly authorised representative of _____(name of organisation)

hereby apply for membership of the South African Kiwi Growers NPC (SAKIWI).

Please mark the relevant category in the column on the right:

Primary Member (Grower)	Any person or entity engaging, in a proprietary capacity, in the commercial production of kiwi's in South Africa	
Associated member	Any person or entity that receives kiwi's from growers for the purpose of preparing and packing for sale such kiwi's, and includes persons or entities that buy kiwi's from growers and/or act as agents for the sale of kiwi's, and act as agents or contractors for kiwi processing. Also, people or entities that have an interest in the kiwi industry, including but not limited to: kiwi nurseries, agricultural advisors, wholesalers, retailers, equipment suppliers, researchers, educators or any person who in the sole discretion of the Board, should be afforded Membership.	

I declare that the SAKIWI Memorandum of Incorporation has been made known to me and by acceptance of my application, I bind myself there to as well as to any legal amendments thereof.

Name of farm/company _____

Trading name _____

Company registration no. _____

VAT no. _____

PUC No. _____

Postal address _____ Tel. _____

_____ Cell. _____

_____ Email _____

Postal code _____

Physical address _____

_____

_____

Kiwi's packed by _____

Kiwi's exported by _____

Signature of applicant _____ Date _____

	Fees and levies including VAT The fees and levies period will be from 1 Jan to 31 Dec yearly
Primary Member (Grower)	
Annual membership fee	**R2000**
Export levy	**30c/kg** on kiwi's exported
Associated Member	
Annual membership fee	**R2000**

Banking details:	SA Kiwi Growers	
	FNB	SWIFT NO: FIRNZAJJ
	Current Account: 62877825128	Branch code: 260349

ADDITIONAL INFORMATION

PERSONAL DETAILS

Mr	Ms	Dr	Prof	Other

Surname _____

Initials _____

Full Name(s) _____

Preferred name _____

DETAILS OF CONTACT PERSON (IF DIFFERENT FROM ABOVE)

Mr	Ms	Dr	Prof	Other

Surname _____

Initials _____

Full Name(s) _____

Preferred name _____

Contact person's role (e.g. farm manager) _____

Tel _____

Cell _____

Email _____

CENSUS INFORMATION (Mandatory)

Hectares of kiwi's planted _____

Future plantings of kiwi's (ha) _____

Please use the census template provided with this application form to provide information relating to your kiwi plantings. Should you have the information in another format you are welcome to send it in your format. Your census information is treated as confidential and used only to update industry information. No information about individual growers will be disseminated.