

HEAD OFFICE:

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APPLICATION FOR MEMBERSHIP
AGRICULTURE

I/We hereby apply to become a member of the (SA) United Commercial and Allied Employers Organisation and agree to abide by the rules of the Constitution. It is further recorded that I/we will pay the monthly membership fees, thereby ensuring that I/we remain paid-up member/s by signing the attached debit order for monthly deduction of membership fees.

Amount: a once-off inception fee of R150.00 (ex VAT) and R 155.00 (ex VAT) per month.

Please attach copies of the following:

Proof of Banking Details
Company Registration Documents

The following conditions will apply:

I/we _____ agree to the conditions of this agreement and undertake to pay any membership fees punctually and to sign a debit order for purposes of deducting my/our membership fees from my/our account. I/we also further undertake to remain a member for a minimum period of 12 calendar months. I/we hereby authorise the (SA) United Commercial & Allied Employers Organisation and/or any of its members, representatives, employees and agents, duly appointed by the (SA) United Commercial & Allied Employers Organisation to negotiate, complete and sign all documents necessary for and on my/our behalf in order to resolve any labour dispute.

I/we do hereby indemnify and hold the organisation and its members, representatives, employees and agents free and harmless in respect of any claim or demand that may be made against anyone or other of them. I/we acknowledge and accept the implications hereof and realise that the term of this agreement cannot be amended, cancelled or withdrawn otherwise than in writing duly signed by me/us and countersigned by the (SA) United Commercial & Allied Employers Organisation .

I/we declare that the preceding information is true and request membership of the (SA) United Commercial & Allied Employers Organisation. I/we undertake to keep to the rules of the (SA) United Commercial & Allied Employers Organisation and alterations thereof.

I/we hereby further acknowledge and accept that this **membership fees may increase annually** as and when decided at the AGM (Annual General Meeting) of the (SA) United Commercial & Allied Employers Organisation and hereby agree to comply with any increases that may be affected from time to time.

By signing this application for membership I/we acknowledge that I/we are aware of my/our rights in terms of the Protection of Personal Information Act, no 4 of 2013 and I/we, in terms of section 11 of the said Act, give consent that my/our personal information may be processed having regard to section 9 of the said Act.

This membership may only be cancelled by the member with a written sixty (60) calendar days' notice.

Declared at _____ on this _____ day of _____ 20__.

FOR AND ON BEHALF OF COMPANY:

Full Name/s & Surname

Signature

FOR AND ON BEHALF OF (SA) UNITED COMMERCIAL AND ALLIED EMPLOYERS' ORGANISATION:

Full Name/s & Surname

Signature

COMPLETE THE FOLLOWING IN CAPITAL LETTERS

REGISTERED NAME OF BUSINESS:

NUMBER OF EMPLOYEES

Perm

OWNER'S NAME / AND OR IDENTIFIED REPRESENTATIVE:

	Casual	Temps	Total
_____	_____	_____	_____

VAT REGISTRATION NUMBER:

POSTAL ADDRESS:

PHYSICAL ADDRESS:

CODE:

TELEPHONE:

FAX NUMBER:

CELL NUMBER:

E-MAIL ADDRESS:

STRATCOL USER NO:

4959

STRATCOL USER NAME:

(SA) UEO



STRATCOL ABBREVIATED NAME: SAUEO
(This will be the name appearing on your Bank statement)
STRATCOL USER PHYSICAL ADDRESS:

188 Panorama Road,
Rooihuiskraal,
Centurion,
0157

DEBIT ORDER AUTHORISATION

ACCOUNT HOLDER (DEBTOR) INFORMATION:

ID Number / Registration Number: _____ Name & Surname / Company Name: _____

Address: _____ Code _____

Contact Details: _____ (Home) _____ (Mobile) _____

(Work) If Company / CC, Name of Person(s) signing this: _____

Name of account holder: _____

Bank / Building Society: _____

Branch Name: _____

Branch Code: _____

Account Number: _____

Account Type:

CURRENT	SAVINGS	TRANSMISSION	OTHER
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If "Other" supply details: _____

COLLECTION INSTRUCTION:

Interval:

Once off	Monthly	Quarterly	Biannually	Annual	Weekly	Biweekly
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Is this limited to fixed amounts, or to debits due in future that may vary?

Fixed amounts:

Variable amounts:

(Annual increases will take place and members will be notified accordingly)

Note: if variable, the amount(s) hereunder may be exceeded.

* **Once off transaction:**

Collection date: 25/mm / 20_____

R 347 - 70 (Amount)

Once off inception fee and current months' membership fee.

* **Recurring transactions:**

CONTINUE INDEFINATELY UNTILL CANCELLED BY DEBTOR?

YES NO

- 1st Collection date: 25/mm / 20_____ R 176 - 70 (Amount)
- Annual escalation: *As per Annual General Meeting* (%) Escalation Month: October
- Day of Month thereafter: 25 (1-31)

~~**If not indefinitely:** _____ (number of deductions) dd _____ /mm _____ / 20 _____ (Final date)~~

~~**If weekly:** MON / TUE / WED / THU / FRI / SAT~~

I / We, the above mentioned and undersigned, hereby authorise StratCol to collect by debit order from the above mentioned bank account, all amounts due in terms hereof and to pay same to the Stratcol User above.

(I confirm that I / we are the person(s) with signature authority as registered with my / our bank).

SIGNATURE (1): _____ SIGNATURE (2): _____ DATE: _____



AGREEMENT

I/we hereby authorise STRATCOL to issue and deliver payment instructions to my / our banker for collection against my/our abovementioned account at my/our abovementioned bank.

The individual payment instructions so authorised to be issued, must be issued and delivered according to the abovementioned interval on the date when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not differ as agreed to in terms of the Agreement.

The payment instructions so authorised to be issued, must carry a number, which number must be included in the said payment instruction and if provided to me / us should enable me / us to identify the agreement on my / our bank statement. The said number should be added to this form on page 1 under client reference number, before the issuing of any payment instruction and communicated to me / us directly after having been completed by me / us.

I/we agree that the first payment instruction will be issued and delivered as per collection instruction.

If however, the date of the payment instruction falls on a non-processing day (weekend or public holiday) I / We agree that the payment instruction may be debited against my / our account on the following or previous business day.

NAEDO

Allows for tracking of dates to match with flow of Credit at no additional cost to myself / ourselves. I / We authorise the originator to make use of the tracking facility as provided for in the EDO system at no additional cost to myself / ourselves.

Subsequent payment instructions will continue to be delivered in terms of this authority until the obligations in terms of the Agreement have been paid or until this authority is cancelled by me / us by giving the Stratcol User notice in writing of not less than the interval (as indicated on the Authorisation) and sent by prepaid registered post or delivered to his / her / its address indicated above.

MANDATE

I / we acknowledge that all payment instructions issued by the Stratcol User shall be treated by my / our abovementioned bank as if the instructions had been issued by me / us personally.

CANCELLATION

I / we agree that although this authority and mandate may be cancelled by me / us, such cancellation will not cancel the Agreement. I / we also understand that I / we cannot reclaim amounts, which have been withdrawn from my / our account (paid) in terms of this authority and mandate if such amounts were legally owing to the Stratcol User.

ASSIGNMENT

I / we acknowledge that this authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party.

SIGNED AT _____ ON THIS _____ DAY OF _____ 20 _____.

SIGNATURE(S) AS USED FOR OPERATING ON THE ACCOUNT

Signature

Signature

FOR OFFICE USE	
Date of receipt:	_____
Bank details verified:	_____
Date of first transaction:	_____
Membership/Client reference Number:	_____
Name of allocated organiser:	_____
Abbreviated Name:	_____
EFT <input type="checkbox"/>	NAEDO <input type="checkbox"/>
NAEDO TRACKING (Please circle): 1D/ 2D/ 3D/ 4D/ 5D/ 6D/ 7D/ 8D/ 9D/ 10D/ 14D/ 21D/ 32D	
_____ ADMINISTRATOR	_____ DATE

Banking Details:

(SA) United Employers Organisation
Nedbank Centurion
Branch code: 162 145
Acc nr: 1621 134733
Cheque account

**LIST OF MEMBERS TO BE KEPT BY AN
EMPLOYERS' ORGANISATION**

(a) Full name and address of employer:
(b) Name and telephone no. of contact person:
(c) Sector(s) in which engaged:
(d) Number of employees in each sector: