



**INVOICE NUMBER**

**Chamber of Commerce & Industry  
Ekurhuleni North**

**APPLICATION FOR CHAMBER MEMBERSHIP 2020**

<b>COMPANY NAME</b>							
Company Reg. No				Vat Reg			Date
Postal Address Code				Physical Address Code			
Tel No			Fax No			Cell No	
CEO E-mail Address					Web Site		
Title		MD/CEO Surname			MD/CEO First Name		
Financial Director				No of Employees Including Directors			
<b>Details where to send our invoices</b>					Name and Designation	e-mail address:	
Holding Company				Branches	Country wide		
Description of Business							
<b>Category</b> Mark with X	Manufacture	Retail	Distribute	Wholesale	Service	Export	Import
Key words for Web Search							
Annual Subscription Fee					Membership Category		

I / We the undersigned, hereby declare that, I / we shall at all times abide by the Constitution of the Ekurhuleni North Chamber of Commerce & Industry.

I / We accept that a notice period of two (2) months with regard to resignation of Membership is required otherwise it will be presumed that your intention is to continue with your membership.

**SIGNED FOR ON AND BEHALF OF THE COMPANY**

Date:.....2020

Name

Signature

Designation

The signed Application Form must be submitted to the Chamber of Commerce  
Please inform us timeously of any changes to the above information

**BANKING DETAILS**

Account Name	Ekurhuleni North Chamber of Commerce & Industry (ENCCI)
Bank Name	<b>Nedbank - Edenvale</b>
Account Number:	1044818425
Branch Code	19104200
Email:	<a href="mailto:manager@encci.co.za">manager@encci.co.za</a>
Contact Person:	Pam Murray - General Manager PM

