



SOUTH AFRICA - MOZAMBIQUE
CHAMBER OF COMMERCE

PO BOX 413222 CRAIGHALL 2024

Cell: +27 76 8548 303

Fax: 086 604 9050

1. Company Details

Full Company Name:				
Holding Company (if applicable):				
VAT Reg. No:				
*Primary Member:	Contact Tel:	+27		
Postal Address:			Code: <input type="text"/>	
Physical Address:			Code: <input type="text"/>	
Telephone:	+27			
Fax:	+27			
E-mail:				
Internet:	http://			
Year Established:				
Number of Staff:				
Annual Turnover:	ZAR			
Core Line of Business:				
Business Category: (Please indicate with an 'X')	<input type="checkbox"/>	Manufacturer	<input type="checkbox"/>	Service
	<input type="checkbox"/>	Retailer	<input type="checkbox"/>	Exporter
	<input type="checkbox"/>	Distributor	<input type="checkbox"/>	Importer
	<input type="checkbox"/>	Wholesaler	<input type="checkbox"/>	Other

*Company Employee nominated as a liaison with the Chamber (See Section 3)

2. Membership Categories and Descriptions

Please indicate with an 'X' the Membership Category you require:

Please	Category	Description	Number of Chamber Beneficiaries	Annual Membership Fees (Excl. VAT)
	A	Corporate	1	R 5,000.00
	B	Individual	1	R 1,000.00
	C	Donor Member	10	R25,000.00 +

3. Chamber Beneficiary Details

Please nominate a Primary Member who will function as a liaison with the Chamber. Also indicate any additional Chamber Beneficiaries in accordance with your chosen Membership Category.

#	Title	Name	Surname	Company Position
Primary Member				
1				
Additional Beneficiaries for Donor Members				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

4. Payment of Membership Fees

Payment can be made by means of bank transfer, cheque or cash. Once your application form has been received we will send you an invoice for the amount indicated in Section 2 above according to your membership category. **Kindly ensure that before you effect payment that your membership category is confirmed and your invoice received.**

- ◆ Cheques can be made out to **the South Africa – Mozambique Chamber of Commerce** and posted to **P.O. Box 413222, CRAIGHALL 2024, South Africa.**
- ◆ Bank transfers can be made to: **South Africa – Mozambique Chamber of Commerce, ABSA Bank Acc No: 4066 384 709, Branch No: 632005**

Please fax proof of payment to **0866049050**, as soon as payment has been made. Once this has been received, your Chamber membership shall be valid for one (1) year from the date stated on the invoice and is renewable.

5. Company Profile

In order to introduce your organization to the membership of the Chamber, please send us a brief company profile. This profile should outline your company’s history, line of business, significant projects and interest in Mozambique.

Kindly attach your company profile to this Membership Application Form.

6. Acceptance of Code of Conduct

By becoming a member of the SAMOZACC you undertake to abide by the code of conduct. The code is available from the Chamber, on request.

Name: (*Primary Member)			
Signature:		Date:	

*Company Employee nominated as a liaison with the Chamber (See Section 3)

7. Questionnaire

Please answer the following brief questions in order to assist us to better understand your interests and requirements:

1. What is your company's interest in Mozambique and what opportunities do you envisage for your business there?

2. Please describe your experience in Mozambique to date.

3. List the areas in which you would like the Chamber to assist your organization.