



Institute of Painting Contractors (KZN)

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August 1, 2007

INSTITUTE OF PAINTING CONTRACTORS (KZN) - MEMBERSHIP APPLICATION

1. Applicant's Company Name : _____
Registration number: _____

2 Name under which applicant trades: _____

3 Contact Details

Physical Address: _____

Postal Address: _____

Post Code: _____

Tel: () _____ Fax: _____ Ceil: _____

Email: _____

4. If a Branch or wholly owned subsidiary, state NAME and ADDRESS of Head Office or controlling company:

5 Name and residential addresses of all partners, proprietors or directors: (if insufficient space-att

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7 \ach separate schedule)

6. If the applicant is a member of any other association affiliated to the Building Industries Federation (BIF).

please state: Name of Association: _____

Name under which membership held: _____

7. If the applicant has at any time been refused membership of any other association, state when and by which organisation: _____

8. Has the Applicant, or any of the Directors in the case of a Company, been insolvent or made any assignment or arrangement with creditors within the last 10 years?

YES/NO if YES. give brief details: _____

9. How long has the business been in existence? _____
10. Which of the persons named in Section 5 above has had actual training and experience in the painting industry, and if so, for how long:

Name: _____

Experience; _____

Name: _____

Experience: _____

11. If none of the partners, proprietors or directors has had practical experience in the industry, name the person(s) and in what capacity they are employed who possess qualifications or practical knowledge and experience necessary to conduct the business satisfactorily:

Name: _____

Capacity Employed: _____

Name: _____

Capacity Employed: _____

Name: _____

Capacity Employed: _____

- 12 Schedule of recently completed projects

	CUSTOMER NAME	CUSTOMER TEL. NO	PROJECT ADDRESS	DATE OF COMPLETION
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

13. Name of Bankers: _____

Name at least 2 trade references: 1) _____

2) _____

14. Number of Employees (as at date of application);

Administration : _____ Production _____ Sales: _____

15. Is the applicants business registered in terms of:

The Factories, Machines and Building Works Act. _____ : YES/NO Reg No- _____

The Unemployment Insurance Act. _____ : YES/NO Reg No- _____

The Workman's Compensation Act. _____ : YES/NO Reg No. _____

Value Added Tax _____ : YES /NO Reg No. _____

Masters Builders Association _____ : YES /NO Reg No. _____

DECLARATION

I, the undersigned, as, or on behalf of the Applicant, hereby made application for membership of the Institute and declare that:

- a) I am duly authorised to sign this form and as proof thereof, I attach hereto the letter of authority/a copy of the resolution of the Board,
- b) the foregoing statements are, to the best of my knowledge and belief, true and correct,
- c) I have read and understand the constitution of the Institute agree to be bound by the Constitution of Institute of Painting Contractors (KZN)
- d) should a complaint be lodged with the Institute with regard to any work carried out by the applicant, the applicant will freely make such work available for inspection by any authorised person(s) appointed by the Institute for the purpose of investigating such a complaint and will co-operate to the best of his ability in getting the matter settled satisfactorily.

Dated at _____, this. day of _____, 20_____

Signature: _____

NB: Any applicant having submitted incorrect information which materially affects the conditions of acceptance and having been admitted as a member, shall be expelled automatically in the event of it being established subsequently that incorrect information had been furnished.