



AANSOEK OM LIDMAATSKAP WYNDRUIFPRODUSENT

APPLICATION FOR MEMBERSHIP WINE GRAPE PRODUCER

Die volgende vereiste is van toepassing om vir VinPro-lidmaatskap in dié kategorie aansoek te doen:

Minstens 5 (vyf) ton wyndruiwe in 'n SADC-land produseer vir die maak van wyn, spiritualieë of sap.

Geen jaarlikse fooi.

Slegs eenmalige administrasiefooi van R350.00 (R307.02 + R42.98 BTW)

Let asb:

Onvolledige aansoeke kan nie voorgelê word vir goedkeuring nie. VinPro-lidmaatskap is nie aan 'n drankkwota gekoppel nie.

AANSOEKE & NAVRAE:

Tel: 021 276 0458, E-pos: member@vinpro.co.za

The following requirement applies to be eligible for VinPro membership in this category:

Produce at least 5 (five) tons of wine grapes in a SADC country for the production of wine, spirits or juice.

No annual fee.

Only a once-off administration fee of R350.00 (R307.02 + R42.98 VAT)

Please note:

Incomplete applications cannot be submitted for approval. VinPro membership is not linked to a liquor quota of any kind.

APPLICATIONS & ENQUIRIES:

Tel: 021 276 0458, E-mail: member@vinpro.co.za

BANKBESONDERHEDE / BANKING DETAILS

VinPro NPC

ABSA tjek / cheque

Rek/Acc No: 740145770

Paarl Mall Tak / Branch

NAAM VAN PRODUSENT: NAME OF PRODUCER:					
ADRES: ADDRESS:					
					POSKODE: POSTAL CODE:
TEL NO:	FAKS/FAX NO:	SEL/CELL NO:		E-POS/E-MAIL:	
ID NO:				BETALING INGESLUIT: PAYMENT INCLUDED:	
*MPY/CO	*KOÖP/CO-OP	*BK/CC	*VENNOOTSKAP PARTNERSHIP	*TRUST	INDIVIDU/INDIVIDUAL
*NAME VAN DIREKTEURE, BK LEDE, VENNOTE OF TRUSTEES (dui asb stemgeregtigde eerste aan)					
*NAMES OF DIRECTORS, MEMBERS OF CC, PARTNERS OR TRUSTEES (please list entitled voter first)					
NB: Alle gelyste persone moet teken / All persons listed must sign					
VOLLE NAME/FULL NAMES			ID NO	HANDTEKENING SIGNATURE	
AFSKRIFTE VAN DIE VOLGENDE DOKUMENTE SOOS VAN TOEPASSING MOET AANGEHEG WORD COPIES OF DOCUMENTS WHERE APPLICABLE MUST BE ATTACHED					
MAATSKAPPY/COMPANY Sertifikaat van inlywing: Certificate of incorporation:		BK/CC Stigtingsverklaring: Founding statement:		TRUST Trustakte: Deed of Trust:	

VOLTOOI INDIEN AANSOEKER 'N DEELBOER IS / TO BE COMPLETED IF APPLICANT IS A SHARECROPPER

Verstrek besonderhede van belang en/of betrokkenheid by boerdery-aktiwiteite
Furnish particulars of interest and/or involvement in farming operations

WAAR LEWER U DRUIWE / WHERE DO YOU DELIVER GRAPES

TIPE KELDER / CELLAR TYPE:	NAAM VAN KELDER / NAME OF CELLAR:
WYNKELDER / WINE CELLAR	
LANDGOED / ESTATE	
PRIVAAT / PRIVATE	
GROOTHANDELAAR / DEALER	

**DIE VOLGENDE INLIGTING MOET DEUR U
PRODUSENTEKELDER VOLTOOI WORD.**

*Dui produsent- en plaasnommers soos toegeken deur
SAWIS aan.*

**THE FOLLOWING INFORMATION MUST BE COMPLETED BY
YOUR PRODUCER CELLAR.**

Provide producer and farm numbers as issued by SAWIS.

**SAWIS NOMMER:
SAWIS NUMBER:**

DISTRIK / DISTRICT:	VERBOU AS / CULTIVATED AS:
02 – Oranjerivier / Orange River 03 – Olifantsrivier / Olifants River 04 – Malmesbury 05 – Klein Karoo 06 – Paarl 07 – Robertson 08 – Stellenbosch 09 – Worcester 10 – Bredekloof	E – Eienaar / Owner H – Huurder / Lessee D – Deelboer / Sharecropper V – Vruggebruiker / Usufructuary

**NAAM VAN PLAAS:
NAME OF FARM:**

Plaasnommer Farm number	District Distrik	Verbou as Cultivated as	Ha onder wingerd Ha under vines	Produserende stokke Producing vines (min 3 000)	Tonne gelewer en verwerk Tonnage delivered and processed (min 5 ton)

Ek verklaar dat die inligting verstrek, waar en juis is en onderneem om, indien hierdie aansoek deur die Direksie goedgekeur word, my/ons te onderwerp aan die bepalings van die Akte van VinPro, ingesluit die organisasie se waardes soos aangeheg, en om alle reëls/verpligtinge na te kom. Verder, gee ek/ons toestemming dat inligting wat betrekking het op hierdie aansoek of my/ons toekomstige lidmaatskap status, by SAWIS aangevra mag word.

I hereby declare that the information herein is true and correct and, if my/our application is approved by the Board, undertake to subject myself/ourselves to the provisions of the MOI of VinPro, including the organisation's values as attached, and to adhere to all the rules/obligations thereunder. Furthermore, I/we give permission that information concerning this application or my/our future membership status, may be requested from SAWIS.

NAAM/NAME:	HANDTEKENING/SIGNATURE:	DATUM/DATE:
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AANSOEKER OF GEMAGTIGDE VERTEENWOORDIGER / APPLICANT OR AUTHORISED REPRESENTATIVE

KANTOORGEBRUIK/OFFICE USE:

DATUM ONTVANG DATE RECEIVED:	BETALING ONTVANG PAYMENT RECEIVED:	NOTAS/NOTES:
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