



**AANSOEK OM LIDMAATSKAP
WYNDRUIFPRODUSENT**

**APPLICATION FOR MEMBERSHIP
WINE GRAPE PRODUCER**

VEREISTE VIR LIDMAATSKAP:

Produseer minstens 5 (vyf) ton wyndruiwe in 'n SADC-land en lewer dit aan 'n kelder vir die maak van wyn, spiritualieë of sap, as 'n geregistreerde SAWIS-lid.

FOOIE:

Aansluitingsfooi: R500 (BTW in)
Jaarlikse fooi: Onder oorweging vanaf Julie 2019.

NEEM KENNIS:

Vinpro-lidmaatskap is nie aan 'n drankkwota gekoppel nie.

AANSOEKE & NAVRAE:

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

MEMBERSHIP REQUIREMENT:

Produce at least 5 (five) tons of wine grapes in a SADC country to a cellar for the production of wine, spirits or juice, as a registered SAWIS member.

FEES:

Application fee: R500 (VAT in)
Annual fee: Under consideration from July 2019.

PLEASE NOTE:

Vinpro membership is not linked to a liquor quota of any kind.

APPLICATIONS & ENQUIRIES:

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

KONTAKBESONDERHEDE / CONTACT DETAILS

**NAAM VAN LID:
NAME OF MEMBER:**

**VERWANTSKAP AAN DIE SA WYNBEDRYF:
CONNECTION TO THE SA WINE INDUSTRY:**

**KONTAKPERSOON NAAM & VAN:
CONTACT PERSON NAME & SURNAME:**

**POSADRES:
POSTAL ADDRESS:**

**FISIESE ADRES:
PHYSICAL ADDRESS:**

TEL NO:

FAKS/FAX NO:

SEL/CELL NO:

E-POS/E-MAIL:

**FAKTUURBESONDERHEDE (INDIEN VERSKIL VAN POSADRES):
INVOICE DETAILS (IF DIFFERENT FROM POSTAL ADDRESS):**

**NAAM:
NAME:**

**POSADRES:
POSTAL ADDRESS:**

**BTW NR:
VAT NO:**

REGSENTITEIT BESONDERHEDE / LEGAL ENTITY DETAILS

MERK WAAR VAN TOEPASSING / MARK WHERE APPLICABLE:

INDIVIDU INDIVIDUAL	REGSENTITEIT: LEGAL ENTITY:	MAATSKAPPY COMPANY	BK CC	TRUST	VENNOOTSKAP PARTNERSHIP
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**BESONDERHEDE VAN REGSENTITEIT VERTEENWOORDIGER (INDIEN ENTITEIT):
DETAILS OF LEGAL ENTITY REPRESENTATIVE (IF ENTITY):**

VOLLE NAME/FULL NAMES	ID NO	HANDTEKENING/SIGNATURE*

**HEG AFSKRIFTE VAN DIE VOLGENDE DOKUMENTE AAN, WAAR VAN TOEPASSING:
ATTACH COPIES OF THE FOLLOWING DOCUMENTS, WHERE APPLICABLE:**

INDIVIDU INDIVIDUAL	ID dokument ID document				
REGSENTITEIT LEGAL ENTITY	ALLE ALL	MAATSKAPPY COMPANY	BK CC	TRUST	VENNOOTSKAP PARTNERSHIP
	Getekende resoluëie ten opsigte van verteenwoordiger (aangeheg)	Sertifikaat van inlywing	Stigtings-verklaring	Trustakte	Vennootskaps-ooreenkoms
	Signed resolution with regard to representative (attached)	Certificate of incorporation	Founding statement	Deed of Trust	Partnership agreement

* Tekens of vul voorletter en van in / Sign or enter initial and surname.

SAWIS INLIGTING / INFORMATION

**SAWIS NOMMER:
SAWIS NUMBER:**

**PLAASNAAM
FARM NAME:**

Plaasnommer Farm number	District Distrik	Verbou as Cultivated as	Ha onder wingerd Ha under vines	Tonne geproduseer Tonnes produced
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**PLAASNAAM
FARM NAME:**

Plaasnommer Farm number	District Distrik	Verbou as Cultivated as	Ha onder wingerd Ha under vines	Tonne geproduseer Tonnes produced
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SAWIS NOTAS / NOTES

DISTRIK / DISTRICT:

Oranjerivier / Orange River
Olifantsrivier / Olifants River
Malmesbury
Klein Karoo
Paarl

Robertson
Stellenbosch
Worcester
Breedekloof

VERBOU AS / CULTIVATED AS:

Eienaar / Owner
Huurder / Lessee
Deelboer / Sharecropper
Vruggebruiker / Usufructuary

KELDERINLIGTING / CELLAR INFORMATION**NAAM VAN KELDER(S) WAAR U WYNDRUIWE LEWER:
NAME OF CELLAR(S) WHERE YOU DELIVER WINE GRAPES:**

ONDERTEKENING

Ek verklaar dat die inligting verstrekk, waar en juis is. Indien die aansoek deur die direksie goedgekeur word, onderneem ek in my persoonlike hoedanigheid, of as verteenwoordiger van 'n regsentiteit, om my/ons te onderwerp aan die bepalings van die Akte van Vinpro, ingesluit die organisasie se waardes 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.

SIGNATURE

I hereby declare that the information herein is true and correct. If my/our application is approved by the board I, in my personal capacity, or as representative of the legal entity, undertake to subject myself/ourselves to the provisions of the MOI of Vinpro, including the organisation's values 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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