

# The Greater Knysna Business Chamber NPC

Registration number 2000/015490/08

info@gkbc.co.za

www.gkbc.co.za

Standard Bank | Knysna

Branch Code: 051001 | Acc. No.: 281 965 862



## “THE VOICE OF BUSINESS FOR THE GREATER KNYSNA AREA”

### MEMBERSHIP APPLICATION (valid for the year 01.03.2024 – 28.02.2025)

Please email completed form to info@gkbc.co.za

#### CONTACT DETAILS

Full names of individual / Sole proprietor: \_\_\_\_\_

Registered Businesses Name: \_\_\_\_\_

Trading as Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Tel no: \_\_\_\_\_

Email: \_\_\_\_\_

Cell no: \_\_\_\_\_

Website: \_\_\_\_\_

Address (Street): \_\_\_\_\_ Address (Postal): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### BUSINESS DETAILS

Reg no: \_\_\_\_\_

Type of Entity (tick applicable)

<input type="checkbox"/>	Company
<input type="checkbox"/>	Close Corporation
<input type="checkbox"/>	Sole Proprietorship
<input type="checkbox"/>	Partnership

<input type="checkbox"/>	Non Profit Company
<input type="checkbox"/>	Non Profit Organisation
<input type="checkbox"/>	Individual
<input type="checkbox"/>	Trust

Brief description of business & products: \_\_\_\_\_

Does the business Import / Export products or services \_\_\_\_\_

Industry in which the business operates:

<input type="checkbox"/>	Agriculture
<input type="checkbox"/>	Property management / sales
<input type="checkbox"/>	Construction & ass services
<input type="checkbox"/>	Manufacturing
<input type="checkbox"/>	Wholesale & Retail Trade
<input type="checkbox"/>	Non-Profit / Charity Org

<input type="checkbox"/>	Services
<input type="checkbox"/>	Professional Services
<input type="checkbox"/>	Automotive & related
<input type="checkbox"/>	Tourism & Accommodation
<input type="checkbox"/>	Restaurant / Take Aways
<input type="checkbox"/>	Wholesale & Retail

Number of employees (including owners): \_\_\_\_\_

Number of members / homeoners represented by organisation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Online listing on GKBC Website

Do you want to list your business on our GKBC Website?  (Tick if yes)

Business Trading name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Business email address: \_\_\_\_\_

Social media links: \_\_\_\_\_

### Mailing List

Do you consent to be added to the GKBC News Mailing list?  (Tick if yes)

Do you consent to be added to the GKBC Marketing mailing list?  (Tick if yes)

### Involvement

Please indicate any suggestions of where you would like to get involved, or any other suggestions you may have

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### Membership Fee structure

Individuals / really small entities	R 10 monthly	(R 120 annual)
Small Startup Business / Non-Profit Organisations	R 50 monthly	(R 600 annual)
Medium & Established Business	R 100 monthly	(R 1 200 annual)
Well Established Business / Residents Associations	R 250 monthly	(R 3 000 annual)
Corporate / National Footprint	R 400 monthly	(R 4 800 annual)

Indicate your choice of payment

Monthly Debit order

Annual debit order

Annual EFT payment

  
  

Standard Bank

Branch: Knysna

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Account No.: 281 965 862

To enable the chamber to function efficiently and make a difference in Knysna, any form of donation will make a huge difference. Kindly indicate hereunder if you are able to assist in addition to the membership fee, by either a monthly amount or a once off donation.

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Thank you for becoming a member of the Greater Knysna Business Chamber. Kindly send the completed form to [info@gkbc.co.za](mailto:info@gkbc.co.za).

### Authorised signature

I confirm that I am authorised to make this membership application on behalf of the business:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



REGISTRATION NUMBER – 2000/015490/08

[info@gkbc.co.za](mailto:info@gkbc.co.za)

[www.gkbc.co.za](http://www.gkbc.co.za)

**+27 (0)68 196 6688**

**A. Authority/Mandate: Paper/Electronic**

Given by (name of Accountholder): \_\_\_\_\_

Address: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Branch Name and Town: \_\_\_\_\_

Branch Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of Account: Current (cheque) / Savings / Transmission

Date: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Amount: \_\_\_\_\_

To (Name of Beneficiary): \_\_\_\_\_

Address: \_\_\_\_\_

Abbreviated Shortname to be used: **THE GKBC**

Refer to contract reference number \_\_\_\_\_ (“the Contract Reference Number”)

I/We hereby authorise Netcash (Pty) Ltd to issue and deliver payment instructions to your banker for collection against my/our abovementioned account at my/our abovementioned bank on condition that the sum of such payment instructions will not differ from my/our obligations as agreed to in the Contract Reference Number.

The individual payment instructions so authorised must be issued and delivered on the date when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not differ as agreed to in terms of the Agreement.

The payment instructions so authorised to be issued must carry the Contract Reference Number, included in the said payment instructions, and must be provided to identify the specific contract. The said Contract Reference Number should be added to this form in section E before the issuing of any payment instruction and communicated directly after having been completed.

I /we agree that the first payment instruction will be issued and delivered on \_\_\_\_\_ (date) and thereafter regularly on the \_\_\_\_\_ of each month.

If however, the date of the payment instruction falls on a non-processing day (weekend or public holiday) I agree that the payment instruction may be debited against my account on the following business day; or

Subsequent payment instructions will continue to be delivered in terms of this authority until the obligations in terms of the Agreement have been paid or until this authority is cancelled by me/us by giving you notice in writing of not less than the interval (as indicated in the previous clause) and sent by prepaid registered post or delivered to your address indicated above.

**B. MANDATE**

I/we acknowledge that all payment instructions issued by you will be treated by my/our abovementioned bank as if the instructions had been issued by me/ us personally.

**C. CANCELLATION**

I/we agree that although this authority and mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/we also understand that I/we cannot reclaim amounts, which have been withdrawn from my/our account (paid) in terms of this authority and mandate if such amounts were legally owing to you.

**D. ASSIGNMENT:**

I/We acknowledge that this authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party.

Signed ..... on this ..... day of.....

.....  
SIGNATURE AS USED FOR OPERATING ON THE ACCOUNT

.....  
ASSISTED BY CAPACITY  
FOR OFFICE USE

**E. AGREEMENT REFERENCE NUMBER**

THE AGREEMENT REFERENCE NUMBER IS .....