



# Application for Membership

\*This form must be completed in full. Membership will be at the discretion and approval of all association board members\*

| Company Detail        |  |                 |  |
|-----------------------|--|-----------------|--|
| Company Name:         |  |                 |  |
| Vat Nr:               |  |                 |  |
| Reg Nr:               |  |                 |  |
| Physical Address:     |  |                 |  |
|                       |  | Code:           |  |
| Postal Address:       |  |                 |  |
|                       |  | Code:           |  |
| Email:                |  |                 |  |
| Contact Nr:           |  | Alternative Nr: |  |
| Contact Person:       |  |                 |  |
| Email for above:      |  |                 |  |
| Company Owner Detail  |  |                 |  |
| Title:                |  | Initials:       |  |
| Surname:              |  | Name:           |  |
| ID Nr:                |  |                 |  |
| Physical Address:     |  |                 |  |
|                       |  | Code:           |  |
| Postal Address:       |  |                 |  |
|                       |  | Code:           |  |
| Email:                |  |                 |  |
| Contact Nr:           |  | Alternative Nr: |  |
| Is above detail for   |  | Sole Proprietor |  |
|                       |  | Company         |  |
| Company Director List |  |                 |  |
| 1.Name & Surname:     |  | ID Nr:          |  |
| Contact Nr:           |  | Email:          |  |
| 2.Name & Surname:     |  | ID Nr:          |  |
| Contact Nr:           |  | Email:          |  |
| 3.Name & Surname:     |  | ID Nr:          |  |
| Contact Nr:           |  | Email:          |  |
| 4.Name & Surname:     |  | ID Nr:          |  |
| Contact Nr:           |  | Email:          |  |
| 5.Name & Surname:     |  | ID Nr:          |  |
| Contact Nr:           |  | Email:          |  |

\* This application form is to be submitted to AFRC administrator. All applications are subject to approval of all or most of the AFRC board members, before membership is granted

| Please submit at least 2 contactable references where previous work has been completed                 |                      |                      |                      |
|--------------------------------------------------------------------------------------------------------|----------------------|----------------------|----------------------|
| Contact Person:                                                                                        | <input type="text"/> | Contact Number:      | <input type="text"/> |
| Nature of Work Done:                                                                                   |                      | <input type="text"/> |                      |
| <input type="text"/>                                                                                   |                      |                      |                      |
| <input type="text"/>                                                                                   |                      |                      |                      |
| Date Completed:                                                                                        | <input type="text"/> |                      |                      |
| Contact Person:                                                                                        | <input type="text"/> | Contact Number:      | <input type="text"/> |
| Nature of Work Done:                                                                                   |                      | <input type="text"/> |                      |
| <input type="text"/>                                                                                   |                      |                      |                      |
| <input type="text"/>                                                                                   |                      |                      |                      |
| Date Completed:                                                                                        | <input type="text"/> |                      |                      |
| *These references will be used to verify your company, credibility and also the quality of workmanship |                      |                      |                      |

\* I hereby agree and commit to the terms and conditions as set out by the African Federation of Roofing Contractors.

I confirm that I am aware that the approval of the membership is at the discretion of the AFRC Board members and the annual renewal thereof. I/My Company will adhere and comply to the standards as set out per the association.

The services AFRC offers is for the advantage of all its members, but remain a impartial mediator

|                 |                      |       |                      |
|-----------------|----------------------|-------|----------------------|
| Name & Surname: | <input type="text"/> | Date: | <input type="text"/> |
|-----------------|----------------------|-------|----------------------|

|            |                      |
|------------|----------------------|
| Signature: | <input type="text"/> |
|------------|----------------------|

## DECLARATION

(TO BE COMPLETED BY ALL APPLICANTS)

### PRAWA APPLICATORS CODE OF CONDUCT

- AFRCregistered applicators agree to conduct themselves and their business in a professional manner which shall be seen by those they serve as being honourable, transparent and fair.
- AFRC registered applicators agree to proactively perform, work and act to promote waterproofing and roof repair practices that protect the health and safety of the community and the integrity of the profession at large.
- AFRC registered applicators agree to promote, project and encourage the upliftment and advancement of the skills development and training in terms of the National Skills Act, for themselves and individuals in the waterproofing and roof repair sector or wishing to join the waterproofing and roof repair industry, AFRC registered plumbers agree to monitor and enforce compliance with technical standards of work that complies with all requirements of the relevant SANS code of practice and regulations set out by municipal by laws.
- AFRC registered applicators agree to actively promote and support a consistent and effective regulatory waterproofing and roof repairs environment throughout South Africa.

- AFRC registered applicators agree to regularly consult and liaise with the waterproofing and roof repair industry in an open forum free of any political or commercial agenda for the discussion of matters affecting the industry and the role of waterproofing or roof repairs industry and the role of waterproofing and roof repair for the well being of the community and the integrity of all roof repairs at large.
- AFRC registered applicators agree to promote, monitor and maintain expertise and competencies among our registered and non registered professionals
- AFRC registered licensed applicators agree to issue a AFRC Roofing Certificate of Compliance (COC) on all waterproofing and roof repairs works undertaken as a AFRC licensed applicator and shall further issue the COC in terms of the prescribed requirements for issuing of a AFRC Waterproofing COC.

## ACKNOWLEDGEMENT

As part of the AFRC registration process, all qualifications of any individual applying for registration is vetted and verified with various authenticating bodies. If it is found that the relevant authenticating bodies have no knowledge of records of the relevant individuals qualification it will be forwarded to the AFRC steering committee to be reviewed. Only once the AFRC steering committee have reviewed your test results and gave authorization to the AFRC that the relevant individuals qualification is no longer valid for reason beyond the AFRC's control, the AFRC reserve the right to remove the AFRC status of the registered individual with immediate effect and AFRC will not be held liable for any possible damages that may arise from this. It will further not be the responsibility of AFRC to address or follow up with the authenticating body.

- I acknowledge that applicator registration is an annual registration and that a registration fee is charged for applicator registration and this fee which is subject to change is to be paid into the AFRC bank account before I am to be registered.
- I acknowledge that I must reapply for re-registration, one calendar month before the renewal date that appears on my registration card and that AFRC reserves the right to level a penalty fee for late registration
- I acknowledge that the African Federation of Roofing Contractors has the authority to suspend or terminate my registration if I act against the best interest of AFRC, its aims and objectives and the AFRC code of conduct, I further acknowledge that in the event of a suspension and or termination AFRC reserves the right to notify this fact publicly and the reason for the suspension and / or termination.
- I acknowledge that if I register for the designation of a licensed / qualified applicator including any specializations, I shall agree to issue a AFRC Roofing Certificate of Compliance (COC) on all roof repairs and waterproofing works undertaken as a AFRC licensed Applicator.
- I acknowledged that the issuing of the AFRC COC shall be done in the strictly defined terms of the prescribed requirements for issuing of a AFRC roofing COC and acknowledge that random audits will take place on the COC's and that I will give full cooperation in this regard.
- I acknowledge that as a licensed applicator if I fail to issue a AFRC roofing certificate of compliance COC for work undertaken, carried out and or work adequately supervised; and a complaint is raised against the said roofing works and or my actions; and the said roofing works and or my actions are found to be a contra to AFRC's Code of Conduct, I may and can be held accountable for all costs incurred in resolving the said complaint.

## DECLARATION

I \_\_\_\_\_ identification number \_\_\_\_\_

Declare that the information contained in this application or attached by me to this application is complete, accurate and true to the best of my knowledge. I further declare that by forwarding this completed application form to AFRC I am acknowledging that I have read and fully understood what is required of me as a AFRC registered and professional applicator and that I adhere to all aims and objectives of AFRC and AFRC's code of conduct. I give consent for enquiries for verification purposes to be made into any information I have given on this application.

Signature of applicant : \_\_\_\_\_ Date : \_\_\_\_\_