



❖ We at CASA respect your right to privacy.

❖ Where we refer to “personal information”, it means “personal information” as defined in the Protection of Personal Information Act, 4 of 2013 (“POPI”), and “personal data” as per the General Data Protection Regulation 2016/679 (“the GDPR”). Personal information includes any information about a person that can be used to identify a person directly or indirectly. It includes information like a name, an identification number, location information, an online identifier or one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that person. POPI includes the personal information of juristic persons in its ambit – so we will protect the personal information of juristic persons in the same manner as any other person’s personal information.

❖ Where required for our business operations we will only share your personal information for purposes of providing services to you or any other legitimate business purpose relating to our business activities, including but not limited to, the protection of our or your rights, complaints, or enforcing any agreement between us. All information supplied will be confidentially and securely filed.

❖ For any comments or queries relating to this policy, please contact the secretariat at secretariat@casa-za.com

APPLICATION FORM FOR MEMBER CATEGORY

I / We, the undersigned, do hereby make application for membership of the Cleaning Association of South Africa.

I / We agree, if admitted as a member, to uphold and abide by the Constitution, the Code of Ethics, all Legislation applicable to the Industry, any rules and decision of the Association as may be determined from time to time, and the payment of subscriptions and levies when due.

DETAILS OF APPLICANT

Trade name of Applicant:			
Indicate Sole Proprietor, Partnership, Ltd, (Pty) Ltd or CC:			
Are you a National Company:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Regional Company:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Head Office Address:			Code:
Regional Address:			Code:
Postal Address:			Code:
Email Address:		Website Address:	
Tel Number:		VAT Number:	

Full names of Directors, Proprietor, Partners, Members:

1.	2.
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Name of representatives to whom correspondence should be directed;

Name:	Name:
Cellphone Number:	Cellphone Number:
Email Address:	Email Address:



SCOPE OF BUSINESS

Please tick all boxes of the services that you offer

- | | |
|--|--------------------------|
| Commercial Contract Cleaning Company | <input type="checkbox"/> |
| Commercial Contract Window Cleaning Company | <input type="checkbox"/> |
| Hygiene and Sanitary Services | <input type="checkbox"/> |
| Environmental and Pest Control Services | <input type="checkbox"/> |
| Cleaning Chemical Manufacturer | <input type="checkbox"/> |
| Cleaning Equipment Manufacturer and Supplier | <input type="checkbox"/> |
| Landscaping Services | <input type="checkbox"/> |
| Facilities Management Company | <input type="checkbox"/> |
| Private Corporate Company (with In-House Cleaning) | <input type="checkbox"/> |
| Private Corporate Company (with Outsourced Cleaning Services) | <input type="checkbox"/> |
| Higher Education Institution (with In-House Cleaning) | <input type="checkbox"/> |
| Higher Education Institution (with Outsourced Cleaning Services) | <input type="checkbox"/> |
| Domestic Cleaning Services | <input type="checkbox"/> |
| Training Provider | <input type="checkbox"/> |
| Cleaning and Facilities Management Consultant | <input type="checkbox"/> |
| Professional Bodies | <input type="checkbox"/> |



DECLARATION BY APPLICANT

I, _____ solemnly declare, that the contents of this document and information furnished are true and correct and that I am authorised to complete this application, and if accepted, will be responsible for the payment of fees / levies as set out on page 5.

SIGNATURE: _____ DATE: _____

NAME: _____ DESIGNATION: _____

Please tick off and **attach** the following **mandatory documents**;

- | | | |
|---|-------------------|--------------------------|
| SARS PIN or Tax Clearance Certificate | Valid date: _____ | <input type="checkbox"/> |
| Letter of Good Standing – COIDA
<i>(Compensation for Occupational Injuries and Diseases Act)</i> | Valid date: _____ | <input type="checkbox"/> |
| Public Liability Cover of R2 million | Valid date: _____ | <input type="checkbox"/> |
| Name of Provident Fund | _____ | <input type="checkbox"/> |
| Provident Fund Membership number | _____ | <input type="checkbox"/> |

EMPLOYEES

- 1.1 State total of permanent full time monthly cleaning employees _____ (number)
- 1.2 State total of permanent part time (6 hours) cleaning employees _____ (number)
- 1.3 State total of monthly or weekly part time/casual employees _____ (number)



NOTE:

CASA reserves the right to accept or reject any application for Membership.

FOR OFFICE USE ONLY

MEMBERSHIP COMMITTEE

APPROVAL

REFUSAL **Reason:** _____

CHAIRMAN _____

SIGNATURE _____

DATE _____