



NPC Registration Number: K2020/455857/08

For Office Use Only

Membership Number										Date Captured:	D	D	M	M	Y	Y	Y	Y
Payment Received										Date Approved:	D	D	M	M	Y	Y	Y	Y

MEMBERSHIP APPLICATION FORM 2020**1. Contact details of Director/ Authorized Official**

Name	
Surname	
Title	
Designation	
Residential Address: Line 1	
Residential Address: Line 2	
Area Code	
Postal Address: Line 1	
Postal Address: Line 2	
Email Address	
Telephone	
Mobile	

2. Management Details

Name of CEO/ Director	
Surname of CEO/ Director	
Title	
Email Address	
Telephone Number	
Mobile Number	

3. Business Registration Details

Registered Name		
Trading Name		
Company Registration Number		
SDL Number		
VAT Number		
Primary SETA		
Primary SETA Accreditation Number		
Other SETAs	SETA 1	SETA 2
Other SETAs Accreditation Numbers		
Other SETAs	SETA 3	SETA 4



Other SETAs Accreditation Numbers	
DHET Registration Number	
CHE Accreditation Number	
QCTO Accreditation Number	
FET Accreditation Number	
Umalusi Accreditation Number	
Other Professional Body Name 1	
Other Professional Body Registration	
Other Professional Body Name 2	
Other Professional Body Registration	

4. Business Contact Details

Business Physical Address: Line 1	
Business Physical Address: Line 2	
Area Code	
Postal Address: Line 1	
Postal Address: Line 2	
Postal Code	
Email Address	
Telephone	
Mobile	
Website	

5. Ownership

Ownership	% Percentage					
Black Total						
Black Breakdown	African		Coloured		Indian	
Black Female						
Black Designated Group Total						
Black Designated Group Breakdown	Youth		Disabled		Unemployed	
Black Designated Group Breakdown	PWD		Military Veterans		Rural & Township	

6. Membership Fees

Level	Category Description	Annual Turnover	Membership Fee	Tick ✓
1	Individuals/ Subject Matter Experts	0 – R2 m	R3,000	
2	Start-Ups	0 – R5 m	R6,500	
3	Emerging Enterprises	R5 m plus – R10 m	R10,500	
4	Medium Enterprises	R10 m plus – R30 m	R20,500	
5	Large Enterprises	R30 m plus	R30,500	

Please tick applicable category

Payment Reference: Use Membership number

Business Address: South African Association of Training Providers • 9 Noordeind Road • Navalsig • Bloemfontein

Mobile: 076 125 4257 • Mobile: 061 538 8451

**7. SATRAP Bank Account Details:**

Account Holder Name: SOUTH AFRICAN ASSOCIATION OF TRAINING PROVIDERS (SATRAP)
 Bank: First National Bank
 Account Number: 62855860873
 Branch Number: 210835

8. MEMBERSHIP SUPPORTING DOCUMENTS – CHECK LIST

Documents	Checklist ✓
1. Organisation's CIPC registration documents*	
2. Company Profile*	
3. BBBEE Certificate or Affidavit*	
4. Authorised person's ID copy*	
5. Primary SETA Accreditation Certificates / Proof of Accreditation*	
6. Other SETA Accreditation Certificates / Proof of Accreditation*	
7. DHET Registration Certificate	
8. Professional Membership Certificates	
9. Valid Tax Clearance Certificate/ Tax exemption certificate/ Tax compliance status pin	
10. Proof of registration of assessors & moderators (Skills Programme & Learnerships)	
11. Financial statements or bank statement	
12. Confirmation of banking details (Letter from bank or cancelled cheque)	
13. Lease or Title deed documents	
14. Asset register	
15. COIDA Registration Certificate	
16. UIF Registration Certificate	
17. OHS Compliance Certificate (where applicable)	

Compulsory Supporting Documents - Marked with an Asterix* (1 – 6)



9. Declaration

I hereby declare that the above information is true and accurate and understand that the South African Association of Training Providers (SATRAP) reserves the right to approve or decline this application. I also commit myself and the above organisation to abide by the Code of Conduct / Constitution/ MOI of the South African Association of Training Providers (SATRAP).

10. Signed by DIRECTOR/ AUTHORIZED OFFICIAL of the organisation:

Full Names: _____
Surname: _____
Designation/ Position: _____
Date: _____