**HEMP CANNABIS FOUNDATION**

NPC Reg No 2022/419667/08

APPLICATION FORM FOR MEMEBERSHIP

Date of Submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Return the completed application forms to the Secretariat at [info@hempcanfoundation.or/](mailto:info@hempcanfoundation.or/) [vumaafrica335@gmail.com](mailto:vumaafrica335@gmail.com)

2. Upon receipt of the completed forms, the application will be presented to the Board of Directors for approval. Once approved by the Directors a Code of Ethics will be forward to you for signing.

3. On receipt of the signed Code of Ethics confirmation of membership registration including your membership number will be emailed to you, along with the details of the independent auditor that has been appointed to manage the membership fees and administrate the invoicing and collection of membership fees.

4. The auditor will generate your invoice and email it to you. Please pay the amount on the invoice and use your membership number as reference for the payment. The banking details will be provided on the invoice. Please note that these banking details are for a separate trust account for membership fees only and not HEMP CANNABIS FOUNDATION (HCF) banking details.

5. Your application will be processed once payment is received and confirmation of your membership to the Secretariat will be emailed to you. We, the undersigned, herby apply for membership of HCF and undertake to be bound by the Memorandum of Incorporation and Administration Rules of HCF.

COMPANY NAME …………………………………….……………………..…………………..…………..………

FULL NAME OF CHIEF EXECUTIVE OFFICER ………………………………………………………………..

CONTACT PERSON/S ……………………………………………………………………………..……..………….

(Membership fees, circular, etc)

POSTAL ADDRESS ……………………………………………………………………………………..…..…………

………………………………………………………………………………POSTAL CODE ……….……..............

PHYSICAL ADDRESS ……………………………………………………………………………………..…..…….. …………………………………………………………………………….…………..……………………………………… ………………………………………………………………………………………. POSTAL CODE ……….…….....

DATE OF FINANCIAL YEAR END ………………………….……..

VAT No.: …………………………………………………………………...

TEL No.: ………………………………………….…………………………

FAX No.: ……………………………………………………………………

E-MAIL: .…………………………………………………………………….

WEBSITE: …………………………………………………………………..

CELL No.: ……………………………………………………………………

Have you ever been a members of HCF before? Yes No

If YES, what was the name of the registered company: ………………………………………………………..

Does your company have any affiliates or subsidiary companies? Yes No

If YES, lists companies names: …………………………………………………………….……………………………..

Provide your CIPC registration number: …………………..………………………………………………………..

DAFF Registration: Yes No DAFF Reg No.: ………………………………………………………………………….

**Documents to be attach: (compulsory)**

1. DAFF Registration Certificate

2. Company CIPC

**TYPE OF MEMBERSHIP**

|  |  |
| --- | --- |
| FULL MEMBER (*Full members must be registered with DAFF*) |  |
| THIRD PARTY DISTRIBUTOR |  |
| AFFILIATE MEMBER |  |
| ASSOCIATED MEMBER |  |
| INTERNATIONAL MEMBER |  |

Please indicate:

**TYPE OF ACTIVITY**

|  |  |  |  |
| --- | --- | --- | --- |
| Breeder |  | Retail for farmers/growers |  |
| Conditioner/ |  | Cleaner Retail for garden/hobby markets |  |
| Exporter |  | Seed grower/Seed producer |  |
| Importer Wholesaler |  |  |  |

**Please provide information on your Company to support your application for membership:**

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APPLICATION SIGNED BY (FULL NAMES): ……………………………….………………………………………………..

FULL NAME……………………………………………………………………………………………………………………………..

SIGNATURE: ……………………………..…………………………… CAPACITY: ………….………………………………….

**FOR OFFICE USE ONLY**

PROPOSED BY: …………………………..……………………… COMPANY: ….…..………………………….…..…………

SIGNATURE: …………………………..…………………………..…

SECONDED BY: ……...…………………………….…….…….. COMPANY: ……………………………………………………

SIGNATURE: …………………………..…………………………..…

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FOR OFFICE USE ONLY**  **BOARD MEETING DATE**: ……………….……………… | | | | | | | | |
| APPLICATION APPROVED: | |  | APPLICATION REJECTED | |  | RE-SUBMISSION | |  |
| REQUIRMENTS FOR RE-SUBMISSION: | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| DATE: |  | | | MEMBERSHIP NUMBER: | | |  | |