



# OFF PORT LIMITS ASSOCIATION SOUTH AFRICA

## MEMBERSHIP APPLICATION FORM

MEMBER CATEGORY	JOINING FEE	FEE	PAYMENT SCHEDULE
Companies operating less than three vessels	R3,500.00 once off	R500.00 per month	Members can pay for the full year up front or choose to be billed quarterly/biannually.
Companies operating three vessels or more / helicopter operators	R5,000.00 once off	R1000.00 per month	

COMPANY NAME:						
COMPANY ADDRESS:				POST CODE		
CONTACT PERSON			EMAIL ADDRESS			
COMPANY REGISTRATION #			VAT #			
TYPE OF COMPANY:	<input type="checkbox"/> Private Company	<input type="checkbox"/> Partnership	<input type="checkbox"/> Close Corporation	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other	
NUMBER OF YEARS IN BUSINESS:			NUMBER OF VESSELS/HELICOPTERS IN OPL SERVICE:			

ALL PORTS OF OPERATION:	<input type="checkbox"/> Saldanha	<input type="checkbox"/> Cape Town	<input type="checkbox"/> Mossel Bay	<input type="checkbox"/> Durban	<input type="checkbox"/> Port Elizabeth
	<input type="checkbox"/> Ngqura	<input type="checkbox"/> East London	<input type="checkbox"/> Richards Bay		

### LICENCES AND CERTIFICATION

We confirm that all our marine crewing, vessel, or other related OPL requirements and port licences are up to date and compliant with the South African Maritime Safety Authority (SAMSA) requirements as well as the requirements of Transnet National Ports Authority's (TNPA) or any other aviation and/or marine authorities to operate as an Off Port Limits service provider from all the ports that we currently operate in.

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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### CREWING

We confirm that all our marine/aviation crews are South African citizens.

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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### CODE OF CONDUCT AND CONSTITUTION

We agree to abide with OPLASA's Code of Conduct and Constitution

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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### APPLICANTS SIGNATURES

SIGNATORY'S NAME			SIGNATURE	
DATE				
We would like to be invoiced:	<input type="checkbox"/> Annually	<input type="checkbox"/> Bi-annually	<input type="checkbox"/> Quarterly	

### GOVERNING BOARD ACCEPTANCE / REJECTION SIGNATORIES

This application has been:	<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected
All new applications must be accepted by at least two board members.		
FIRST ACCEPTANCE	Board Member's name and signature	
SECOND ACCEPTANCE	Board Member's name and signature	

MEMBERSHIP #

To be assigned by OPLASA

Email your form to: [committee@oplasa.co.za](mailto:committee@oplasa.co.za)