

APPLICATION FOR AFRAC STAKEHOLDER MEMBERSHIP STATUS

1. Name of Applicant:

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2. Address

2a. Head Office Street Address:	2b. Head Office Postal Address:

3. Name of applicant contact person:

4. Position of contact person:

5. Telephone no. (including country code):

6. Facsimile no. (including country code):

7. E-mail address:

8. Please tick the appropriate type of recognition within your country or sub-regional block:

<p>8.1 Accreditation Cooperation Bodies and Regional Economic Cooperation structures that are formally established or recognised by the Member States or are significantly recognised by industry, having objectives similar to and compatible with AFRAC's objectives, and which consist of formally nominated representatives of the accreditation interests recognised by the Member States.</p>	
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Please provide details if 8.1 selected:

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<p>8.2 Groups that have an interest in accreditation matters, such as national authority/regulators associations, CABs, industry associations, manufacturing, consumer interests, government representatives, other regional, continental and international cooperations in accreditation.</p>	
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Please provide details if 8.2 selected:

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9. Please state the nature and aims of your organisation and its association to accreditation activities:

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**10. Please describe the legal status/form of incorporation and/or establishment (e.g. MOU, certificate of incorporation, national law/decreed, etc.) of your organisation.
(Please attach documentary evidence)**

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11. In the case of 8.1 being selected, please list the identity of the accreditation body members under your cooperation.

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12. Please describe your regional or international activities.

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13. Please list the number and economies of members under your organisation.

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14. Please complete the Declaration on the following page

15. Please send your completed application along with all requested documents, and the signed Declaration to the AFRAC Secretariat at YolandaV@sanas.co.za.

DECLARATION

The applicant,duly represented by
(Name of Applicant):
the undersigned:

- Declares that the information and supporting documentation provided in this application is correct;
- Accepts that in the event the application is accepted by AFRAC, the applicant shall be bound by the AFRAC Bylaws and Code of Conduct;
- Agrees to uphold and fulfill the respective requirements, obligations and terms of AFRAC Stakeholder Members;
- Submits the completed application to join AFRAC as an Stakeholder Member.

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(Contact person's name and contact details):

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(Contact person's position):

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(Date)

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(Signature)