



Membership Application/Annual Renewal

*Registered name of Business						
*Trading name of Establishment						
*Type of Business		(Pty) Ltd		CC		Partnership
Type of Accommodation						
B&B	Guesthouse	Hotel	Backpackers	Self Catering	Guest Lodge	Boutique Hotel
*Physical Address of Head office / Regional Office						
*Physical Address of Establishment						
*Postal Address						
*Telephone Number(s)				*Fax number(s)		
*Web Address				*E-mail address(es)		
Manager Name				Manger Contact Number		
*Owner Name				*Owner Telephone Number		
Vat Registration number (if applicable)						
*Star Grading Level		Star Grading Type		Other		
*Registration with TKZN and what year				Registration Number		
NAA membership number (If Applicable)				CURRENT	YES / NO	

P O Box 655, Ballito, KZN 4420

Fax : 086-540-5075

Email : info@ncan.org.za



*Number of Guest Rooms	*Do you serve additional meals over and above Breakfast?
*Number of Self catering apartments (if applicable)	
Banqueting Facilities (No of PAX)	Restaurant on Site (No of PAX)
Lecture Room Style (No of PAX)	"U" Shape (No of Pax)
Do you have a liquor license?	Do you have a SAMRO license?
Disabled Facilities (If so, how many)	Do you have airport shuttle service?

**Denotes compulsory fields*

Terms and Conditions

- I /We hereby wish to apply for membership of the North Coast Accommodation Network hereinafter referred to as the "NCAN", and to abide by its Constitution and Rules.
- I certify that all information contained herein is true and correct to the best of my/our ability and undertake to advise NCAN should there be a change in any of the above mentioned information.
- The above information will not be sold or distributed unless required to by law or any other circumstance that requires same.
- NCAN cannot be held liable for any incorrect information due to data capturing or data origination or any other cause whatsoever.
- NCAN holds the right to discontinue any members and /or establishments membership for any reasons whatsoever without notification
- Annual subscription fees are due and payable by December of each year and are for the full year.
 - **Fees for 2011 : R200-00.**
 - **Payments can be made by EFT – Banking details can be found below.**
 - **Credit card payments : See next page**
 - **Please advise once a payment has been made to info@ncan.org.za giving details so that we can reconcile the payment.**
- Interest will be charged on overdue accounts.
- The signatory affirms that he/she is authorized to sign this application on behalf of the establishment.

Singed at _____ on the _____ day of _____ 2011

SIGNATURE: _____

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CREDIT CARD DETAILS

Payments will be made to NCAN. Please fill in the required detail and fax it to NCAN : **086-540-5075** for processing.

Type of Credit Card :	Visa	MasterCard	
Card Number:			
CSV no on back of card:			
Name on Card:			
Postal Address: (Where card statement is sent to)		Tel No:	
Cell No:		Fax No:	

I confirm that I am the authorised signatory to this card and hereby authorize NCAN to debit the said card for the amount of R200-00 for membership fees for 2011.

SIGNATURE :

DATE:

Banking details:

Standard Bank
 Account no : 354872710
 Branch : Stanger
 Branch Code : 057529
 Account Type : Savings

FOR OFFICIAL USE ONLY			
DATE RECEIVED		CERTIFICATE NO	
DATE POSTED		ADMINISTRATION BY	

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