



H O E D S P R U I T CHAMBER OF COMMERCE

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| NAME OF BUSINESS BESIGHEIDSNAAM | |
| SECTOR (eg. Agri-culture, Tourism, Retail etc.) SEKTOR (bv. Landbou, Toerisme, Verkope ens.) | |
| CONTACT PERSON KONTAK PERSOON | |
| GENDER GESLAG | |
| TEL NUMBER TEL NOMMER | |
| FAX NUMBER FAKS NOMMER | |
| CELL NUMBER SEL NOMMER | |
| E-MAIL ADDRESS (Will be visible to members) E-POS ADRES (Sal deur lede gesien kan word) | |
| POSTAL ADDRESS POSADRES | |
| TYPE OF BUSINESS (eg. Micro, Small, Medium, Corporate etc.) TIPE BESIGHEID (bv. Mikro, Klein, Medium, Korporatief ens.) | |
| BUSINESS REGISTRATION NUMBER BESIGHEIDS REGISTRASIE NOMMER | |
| NUMBER OF STAFF EMPLOYED AANTAL PERSONEEL IN DIENS | |
| POSITION AT CHAMBER POSISIE IN SAKEKAMER | |



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Kindly see our banking details below:

Account Name: Hoedspruit Chamber of Commerce
Bank Name: FNB
Branch Code: 250 655
Account Number: 6253 0585 738
Reference: Company Name

Payment in accordance with the invoice amount is required to ensure HCC membership.

Forward proof of payment to info@hoedspruitcc.co.za along with the completed membership form, alternatively fax proof to 015 793 0472.

The following questions are not compulsory to complete:

1. What, if any, are your business concerns in Hoedspruit and what would you like to see addressed by the Chamber of Commerce?

2. What do you expect in the form of support or expertise from becoming a member of the Hoedspruit Chamber of Commerce?

3. Do you have any skills or expertise that you would be willing to share/offer in order to assist the HCC and if so, in what capacity, whether personal or business?
