RBCCCI

Regional Bargaining Council
Contract Cleaning Industry

APPLICATION FOR REGISTRATION

FOR OFFICE USE ONLY	
REGISTRATION NUMBER	

Please Note: Failure to provide the RBCCCI with correct details may result in a delay in processing your application. The applicant is required to complete this form in full and is required to provide all the requested documentation.
Please contact our office to confirm receipt of your railed application once you have sent it.

RBCCCI BANKING DETAILS:

BANK	FIRST NATIONAL BANK
BRANCH CODE	
CURRENT ACCOUNT	
ACCOUNT NUMBER	

KINDLY USE THE REGISTERED NAME OF THE COMPANY AS THE DEPOSIT REFERENCE
Please send your Application for Registration and accompanying documents to: registrations@rbccci.co.za

BUSINESS DETAILS

Name of Business	
Trading Name	
Business Postal Address	
Business Street Address	
Business Telephone Number	
Business Cell number	
Business email Address	

DIRECTOR'S/MEMBER'S DETAILS

Full name of Director/Member	
Identity number of Director/Member	
Residential address of Director/Member	
Cell phone number of Director/Member	
Email address of Director/Member	

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Email address of Director/Member	

USE AN ADDENDUM FOR MORE DIRECTORS/MEMBERS

QUESTIONAIRE

Are you currently in the Contract Cleaning Industry (Circle one)	**Yes**	**No**

If yes, please provide your operational sites.

Date on which you commenced business:_____

Number of Employees	Gauteng region	Gqeberha Region	Cape Town/Stellenbosch	Total

ACKNOWLEDGEMENT AND CONSENT

_____ (name of company) hereby confirms:

- That the information recorded herein and attached to this Application for Registration is correct;
- It agrees to comply with all the provisions of the RBCCCi Main Collective Agreement in force and as amended from time to time, and hereby accepts personal liability for all payments due to my employees as prescribed the RBCCCI Main Collective Agreement;
- That it is the Company's duty to update the information contained herein and attached thereto as soon as is reasonably possible, and the failure to do so is at the Company's peril;
- The Company hereby accepts that the RBCCCI may retain the company's information, process it for the defined purposes set out in terms of the RBCCCI POPI Policy (a copy of which will be made available on request), store said information and, if necessary, share said information to external third parties.
- In signing this document, the Company consents to same.

_____ _____

Signature Date

Designation:_____

Contact No. of person completing this form _____

Email address of person completing this form _____

CHECKLIST FOR NEW APPLICATIONS

HAVE YOU ATTACHED THE FOLLOWING DOCUMENTATION?

Complete Application Form	
Certified copy of Identity Document of all Shareholders/Directors/Members.	
Copy of Company Documents (CK?CIPC Certificate)	
Tax Clearance Certificate (Co-Ops & Sole Traders)	
Proof of Residence of all Directors/Members (Not older than 3 months)	
List of all Directors/Members names, contact numbers and email addresses.	
Proof of address of Business	
Confirmation of Company Bank Details	
Proof of Payment (If necessary)	

I _____(print name and surname) have read and understood the Terms and Condition.

_____ _____

Signature Date

Designation: _____

Contact number:_____

Email address: _____