



# SAWLA MEMBERSHIP APPLICATION

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## COMPANY DETAILS

(To be filled in by an individual with the necessary authority)

Registered Name of Company  
 Trading name:  
 Company Registration no:  
 VAT no:  
 Postal Address  
 Physical Address

## ACCOUNTS

Contact person who deals with invoice payment  
 Telno:  
 Faxno:  
 E-mail:  
 Do you accept the payment terms of 30 days?

On behalf of company:

Name: ..... Capacity: .....

Signature: ..... Date: .....

## LABORATORY DETAILS

(to be filled in by Lab management)

These persons will receive email messages from SAWLA and are responsible for entering Interlab results on the website

Contact Person: 1  
 Telno:  
 Faxno:  
 E-mail:  
 Contact Person: 2  
 Telno:  
 Faxno:  
 E-mail:

On behalf of Laboratory:

Name: ..... Capacity: .....

Signature: ..... Date: .....

For office use:

Member Approved: ..... Membership fees received ..... Member created on website: .....