



South African Independent Power Producers Association
Membership Application Form

Kindly email the completed form to saippaservices@vdw.co.za

Company / Organisation / Name:

VAT Number: _____

Main Representative Name: _____

E-mail Address: _____

Mobile Phone: _____ Office Phone: _____

P O Box: _____

Select Membership Type:

SPONSOR/SUSTAINING MEMBER	Annual Fee - R 60,800	
LARGE CORPORATE	Annual Fee - R 38,790 (200 + employees)	
MEDIUM CORPORATE	Annual Fee - R 24,950 (50 + employees)	
SMALL CORPORATE	Annual Fee - R 12,500 (less than 50 employees)	
ASSOCIATE/NPO's	Annual Fee - R 13,300 (association/non-profit institutes)	
PROFESSIONALS	Annual Fee - R 1,250 (sole proprietor)	

The sizes of companies are as per the definitions used by the Department of Trade and Industry

Additional Representatives:

1. Name & Surname: _____ Gender: _____

Disabled: _____ Youth (below 35 years): _____ Mobile Number: _____

Email Address: _____

Skype (or similar facility) Username: _____

2. Name & Surname: _____ Gender: _____

Disabled: _____ Youth (below 35 years): _____ Mobile Number: _____

Email Address: _____

Skype (or similar facility) Username: _____

Please indicate the following:

- Number of years the Main Representative has been involved in the power industry? _____
- Power technology or services currently offered by your Company, please indicate below.
 - i. IPP (If Yes, please provide the following) _____
Name Plate Generation (MW) _____
Type of Power Production Technology _____
 - ii. Service Provider _____
 - iii. Association _____
 - iv. Consultant _____
 - v. Professional _____
- Other – please specify _____
- What industry do you work for? _____
- Holding company or partners? _____

Please choose the Working Groups you wish to join:

1. SSEG WORKING GROUP	
2. EXPORT SALES WORKING GROUP	
3. INTERNAL SALES WORKING GROUP	
4. WHEELING WORKING GROUP	

HOW DID YOU GET TO KNOW SAIPPA? – Please select at least one of the following:

1. NEWSPAPER (NAME)		
2. MAGAZINE (NAME)		
3. TELEVISION (NAME OF STATION & PROGRAM)		
4. CONFERENCE (NAME & DATE)		
5. FRIEND/ACQUAINTANCE (NAME)		
6. BUSINESS PARTNER (NAME)		
7. OTHER – PLEASE SPECIFY		

Full Name & Surname

Signature

Date

For more information or assistance, kindly contact the SAIPPA Secretariat on Tel: 011-061-5000

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