

## TOURISM PARTNER APPLICATION FORM

## PRIVATE AND CONFIDENTIAL

Thank you for your interest in becoming a Tourism Partner of the Saldanha Bay Tourism Organisation.

The "Tourism Partner" status is specifically designed for organisations which are involved with tourism in the Saldanha Bay Municipal area, or which the SBTO feels is one which they would like to have involved with tourism in the area, but which would not normally become a member of the organisation due to the costs involved in becoming a member. More specifically, this status is reserved for organisations which are involved with the communities served by the SBTO, and which operate on a not for profit basis.

This status is conferred on organisations by invitation only, and is at the discretion of the SBTO.

Tourism Partners will be supported by the SBTO in the normal course of their activities, and the activities of Tourism Partners will also be promoted by the SBTO as appropriate to the particular organisation.

You should have received, along with this form the "Tourism Partner Marketing Detail" form. If you do not have both forms, please contact us so that we can rectify the situation.

Please complete all of these forms as diligently as possible. Although some of the information may seem very detailed, it does assist us in understanding your organisation, as well as the industry as a whole. This is important in ensuring that we can represent the industry as effectively as possible.

If you require any assistance completing this form, please contact our Operations Manager, Annalie van der Merwe, at the contact details below.

Once you have completed the forms and returned them to us, your application will be considered by the SBTO, and you will be notified of the status of your application in due course.

Please note that all information supplied on this application form is required for statistical and research purposes and will be treated as confidential by the SBTO and Cape Town Routes Unlimited. It will not be made available to third parties without the consent of the organisation concerned.

## All mandatory fields have been marked with an asterisk (\*)

GENERAL INFORMATION									
		APP	LICANT DETAIL	S					
Name of Organisation *									
Name of Applicant*									
Designation of Applicant*									
Telephone Number*									
Fax Number									
Email Address									
Mobile Number									
ORGANISATION DETAILS									
Physical Address*									
Suburb*									
Town*									
Postal Code*									
Municipal Erf No									
GPS Co-ordinates	х				,	у			
Postal Address*									
Postal Town*									
Postal Code*									
Business Telephone Number* (If different to applicant)									
Business Mobile Number									
(If different to applicant) Business E-mail Address									
(If different to applicant)									
Business Fax Number									
(If different to applicant) Preferred number for listing on brochures and		Business Telephone Business Mobile							
website						umber			
Website Address									
Preferred communication Language*			English		Afrika	ians		Xhosa	
Preferred Communication Method* (please select one)		Telephone		Email			Fax		
		Post		SMS					
Do you wish to receive our email newsletter?*		Yes				No			

We would like to keep in contact with the correct people in your organization, please provide us with the relevant contact information (if different to the applicant).

CONTACT DETAILS					
Contact Person Name and Surname					
Contact Person Telephone Number					
Contact Person Email Address					

FINANCIAL INFOR	MATION (WHERE APPLIC	ABLE)
Legally registered business name (if different to trading name)		
Average Annual Turnover	< R300 000.00	> R300 000.00
VAT Registration Number		
	Private Company	Public company
Organization Type*	Close Corporation	Association not for gain
	Estate/Trust	Individual
	Other:	
Business Registration Number (if applicable)		
Date of Business Registration (if applicable)		
Financial Contact Person Name and Surname (if different from other contacts)		
Financial Contact Person Telephone Number (if different from other contacts)		
Financial Contact Person Email Address (if different from other contacts)		
Postal Address (if different from other contacts)		
Postal Town (if different from other contacts)		
Postal Code (if different from other contacts)		