



# GENERAL, DOMESTIC & PROFESSIONAL EMPLOYERS ORGANISATION

LR2/6/3/311

## UPDATE OF INFORMATION

Fax/email application form with proof of payment to:  
**086 560 3741 or email [isabel@gdpeo.co.za](mailto:isabel@gdpeo.co.za)**

### COMPANY DETAILS

1. Full name of Workplace or Sole Proprietor \_\_\_\_\_
2. Trading name of Enterprise \_\_\_\_\_
3. **UIF NUMBER (COMPULSORY)** \_\_\_\_\_
4. Business registration number \_\_\_\_\_
5. Postal address \_\_\_\_\_  
\_\_\_\_\_
- Physical address \_\_\_\_\_  
\_\_\_\_\_
- Postal code: \_\_\_\_\_
- Postal code: \_\_\_\_\_
6. Telephone No: \_\_\_\_\_
- Fax no: \_\_\_\_\_

### CONTACT DETAILS

7. Name and surname: \_\_\_\_\_
8. Email address: \_\_\_\_\_
9. Position: \_\_\_\_\_ Cell No. \_\_\_\_\_
10. I / We have been introduced / recruited by \_\_\_\_\_  
of \_\_\_\_\_

### BUSINESS INFORMATION

#### BUSINESS INFORMATION REQUIRED

- (i) Sector or industry in which the Employer engage in: \_\_\_\_\_
- (ii) Short description of the nature of business: \_\_\_\_\_
- (iii) Do you fall under the jurisdiction of a Bargaining Council. If so which one?  
\_\_\_\_\_
- (iv) No of employees employed at the physical address of the employer/workplace: \_\_\_\_\_

### MEMBERSHIP FEES:

R810.00	for member with 1 – 9 employees	(Small)
R1285.00	for member with 10 – 199 employees	(Medium)
R2140.00	for member with 200 – 2000 employees	(Large)
R3710.00	for member with 2001 + employees	(XLarge)

**Banking detail:**

**GDPEO**

**Nedbank Cresta**

**Branch code: 191 305**

**Account no: 1916 054 935**

- We enclose proof of payment in the amount of \_\_\_\_\_

**DECLARATION**

- (a) I / We hereby make application for membership of the General, Domestic and Professional Employers' Organisation and wish to associate with other member employers and agree to abide by the Constitution and rules of the organisation and any decisions and resolutions which a General Meeting or the Executive Committee may pass from time to time, as a condition of membership.
- (b) I / We hereby indemnify the Organisation from any claim or liability whatsoever from any negligent / irresponsible behaviour or action of any member, which may arise out of my / our request for representation and/or advice.

I / We truly affirm that the contents of this Application Form are true and correct

Signed at \_\_\_\_\_ on this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Signature (Authorised person) \_\_\_\_\_ Designation \_\_\_\_\_

FULL NAME: (PRINT) \_\_\_\_\_

[www.gdpeo.co.za](http://www.gdpeo.co.za)

011 482 2081 / 063 2755 305

Executive Committee  
Chairperson: A Coetzee; Vice chairman: H Breedt  
E de Beer; T Kassel; G Bessenger