

geral@caciaas.ao

MEMBERSHI APPLICATION FORM

Instructions: Complete all fields in each section of the membership form.

Please check the appropriate box	Local Application:	International Application:	
COMPANY CONTACTS			
Name of Company			
Office Address			
Telephone			
Cellphone			
Email Address			
Website			

COMPANY INFORMATION	
Commercial Start Date	
Tax Number	
Main Company Name	
Country of Orgin	
Activity Sector	Description of business or services:
Commercial	
Industry	
Tourism	
Transport	
Telecommunications	
Energy	
Electrical	
Water	
Services	
Banking	
IT	
Others	



Information of representative	
Function	
Full name	
Designation	
Phone number	
Email	

Chamber affiliations			
Affiliation with other chambers?	YES 🗖	NO 🗖	
Name of chamber			
Country of affiliation			

Member descriptions and categories

Ca	tegory	Payment method: trimester/ semi- annual/ annual	VOLUME OF BUSINESS	Member- ship Fee	Annual quota	TOTAL
Α	Micro or small business		= < 10.000.000,00	150.000,00	300.000,00	450.000,00
В	Medium business		=< 30.000.000,00	310.000.00	620.000,00	930.000,00
С	Large business		< 30.000.000,00	600.000,00	1.200.000,00	1.800.000,00
D	Voluntary contrib	outions	FREE	FREE	FREE	
	NOTE: The amou	unts described are	paid in Kwanzas or it	ts equivalent	in foreign curre	ency.



Bank details for payments

Account name	
Bank name	
Account number	
Account name	
Account name Bank name	

NEW MEMBERSHIP INQUIRY

What benefits do you expect from the chamber to support your business?

Declaration

I wish to become a member of the Angola South Africa Chamber of Commerce and Industry (CACIAAS and agree to be bound by the Memorandum and Articles of Association. We will pay membership fees at the prevailing rate and declare that all information provided on this form is authentic and correct. Additionally, we agree to a six-month suspension if we refuse payment of annual membership dues and termination of CACIAAS membership for refusal of payment owed to the chamber after two years.

Signature:

Date: