

APPLICATION FOR MEMBERSHIP

BREED APPLIED FOR: NGUNI



KINDLY COMPLETE THE APPLICATION FORM. NEITHER THE SOCIETY, ITS ADMINISTRATIVE SERVICE PROVIDER OR REGISTERING AUTHORITY WILL ACCEPT ANY LIABILITY OR RESPONSIBILITY FOR ERRORS CAUSED BY INCORRECT INFORMATION SUPPLIED AND/OR SUBMITTED BY THE APPLICANT, WHICH WILL FURTHERMORE CAUSE A DELAY IN THE PROCESSING OF THE APPLICATION.

1. NAME IN WHICH YOU WISH TO REGISTER THE STUD:

(If not to be registered under the surname of the applicant or as an individual)

Meloney Muller

2. VAT NUMBER:

(The registration authority of the Society is registered for VAT. Kindly attach a copy of the VAT registration certificate to the application)

3. THE ENTITY APPLYING FOR PARTICIPATION:

(Kindly complete only the relevant part)

3.1. INDIVIDUAL PARTICIPANT:

Title:

Mrs

Initials:

M

Full Names:

Meloney

Surname:

Muller

ID No.:

8206290028088

3.2. PARTNERSHIP:

Name:

No. of Partners:

3.3. COMPANY/CLOSED CORPORATION:

Name:

Registration No.:

3.4. TRUST:

Name:

Registration No.:

Office of the Master of the High Court at which trust is registered:

3.5. KINDLY ATTACH THE FOLLOWING IF THE APPLICATION IS NOT FOR AN INDIVIDUAL PARTICIPANT:

3.5.1. The extract of the minutes detailing the resolution to apply for membership of the Society;

3.5.2. Full names and addresses of the shareholders and directors/members/partners/trustees and trust beneficiaries;

3.5.3. Written approval of authorised person whom, by accepting authorisation, shall be considered as the representative of the participant, accepting personal liability regarding the obligations of the participant to the Society.

3.5.4. Nominated authorised person acting on behalf of company/closed corporation/trust/partnership **who accepts and will be held personally liable for the financial and other obligations of the participant:**

Title:		Initials:	
Full Names:			
Surname:			
ID No.:			

4. **DOMICILIUM CITANDI ET EXECUTANDI ADDRESS OF THE NOMINATED AUTHORISED PERSON:**

5. **PHYSICAL ADDRESS OF APPLICANT:**

Farm Kaffirvoetpad 87 JP	
Portion 1, Lydenburg	
	Postal Code: 1120

6. **POSTAL ADDRESS OF APPLICANT:**

PostNet Suite #38, Private Bag x20097, Lydenburg	
	Postal Code: 1120

7. **CONTACT INFORMATION:**

Telephone No.:	0722628167	Fax No.:	
Mobile No.:	0722628167	Email Address:	melm@kontak.co.za

8. **IT IS HEREWITH APPLIED FOR PARTICIPATION IN THE FOLLOWING RECORDING SERVICES RENDERED BY THE REGISTERING AUTHORITY OF THE SOCIETY, SA STUD BOOK:**

Registration Recording	(Stud breeding)	☒
Production recording:	Beef	☐

9. **PARTICIPATION REQUIRED AS FROM:**

D	1	D	6	M	0	M	9	Y	2	Y	0	Y	2	Y	5
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10. **WERE YOU FORMERLY OR ARE YOU CURRENTLY A MEMBER OF ANY BREEDER'S SOCIETY WITH REGARD TO THE SAME OR ANY OTHER BREED?**

Yes ☐ No ☒

If YES, state the name of the Breeders' Society below as well as your participant/membership number:

Breed Society:		Number:	
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HERD PARTICULARS

11. FARM NAME:

Farm Kaffirvoetpad

12. TOWN OR CITY NEAREST TO YOUR FARM:

Lydenburg

13. POSTAL ADDRESS:

PostNet Suite #38, Private Bag x20097 ,Lydenburg

Postal Code:

1120

14. CONTACT INFORMATION:

Telephone No.:

0722628167

Fax No.:

Mobile No.:

072628167

Email Address:

melm@kontak.co.za

(AT WHICH CORRESPONDENCE, INCLUDING FORMAL NOTICES FROM THE SOCIETY, SHALL BE ACCEPTED)

15. PREFERENT HERD DESIGNATION MARKS:

Kindly supply six (6) combinations in order of preference. Do note that herd designation marks are to be unique to each participant:

A) SM

B) SV

B) MM

D) HN

E) SN

F) SH

16. PREFERENT HERD NAME (PREFIX):

Kindly supply six (6) combinations in order of preference (Do note that names of towns and cities are not allowed)

PREFIX

A) Silver Mist

B) Misty Ridge

C) Highland Mist

D) Bushveld Mist

E) Misty Peak

F) Silver Ridge



17. PAYMENT OF FEES:

17.1. FEES PAYABLE TO THE SOCIETY:

Fees to the Society are to be paid into the following account:

NGUNI SOCIETY
BANK: NEDBANK
ACCOUNT NUMBER: 1662 088 655 (CHEQUE ACCOUNT)
BRANCH CODE: 16 62 34

Annual subscription per year (payable in advance from 1 July each year) **OR** R 3 500.00 (excl. VAT)
pro rata R 291.67 per month

Entry Fee (Once off) R 900.00 (excl. VAT)

Prefix Registration (Once off) R 700.00 (excl. VAT)

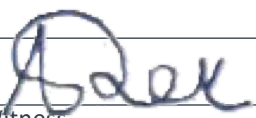
Proof of payment to be enclosed to the application.

18. I AGREE TO OBSERVE AND BE BOUND BY THE CONSTITUTION AND THE RULES, REGULATIONS AND BY-LAWS OF THE NGUNI CATTLE BREEDERS' SOCIETY OF SOUTH AFRICA, AS WELL AS THE REGISTRATION AUTHORITY OF THE SOCIETY.

Signed at this day of



Signature of applicant or authorised person



Witness

Signed at this day of



Signature of Society



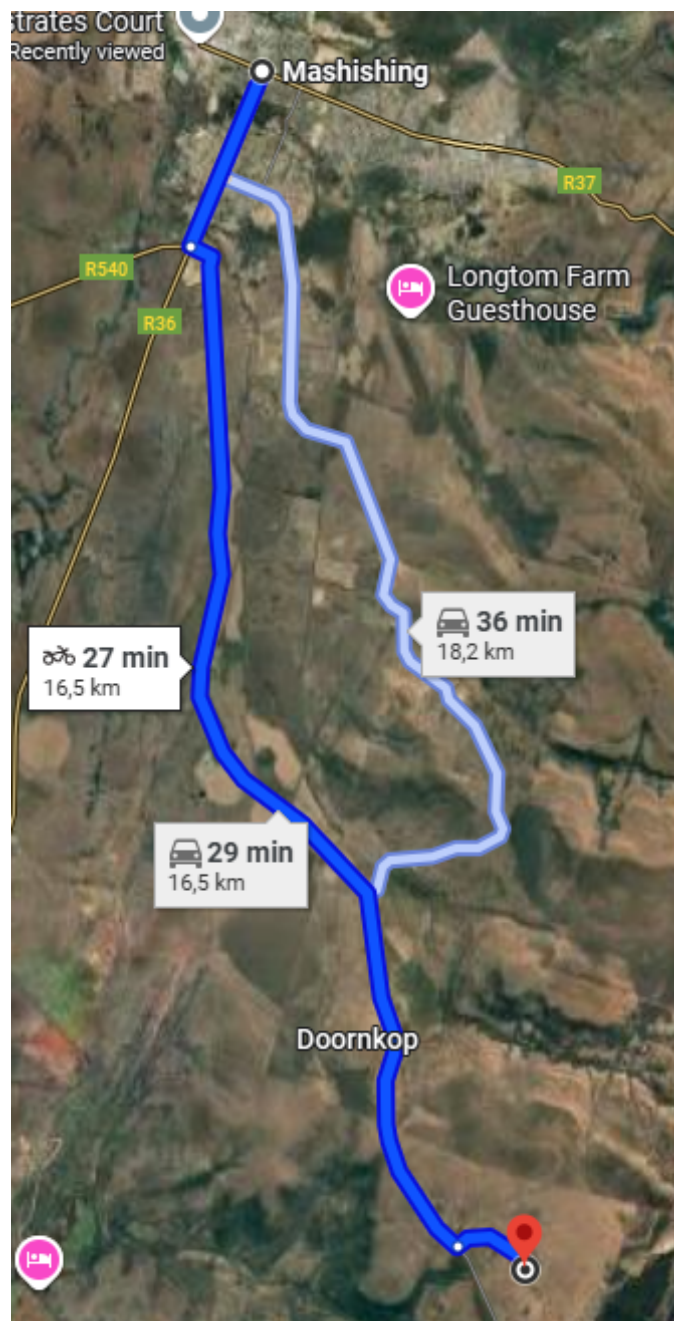
Witness

ROAD DIRECTIONS TO FARM WHERE CATTLE ARE HELD:

Mashishing

Head east of Voortrekker St/R36/R37 towards Viljoen Street, turn right at the 1st cross street onto Viljoen st/R36, turn left in 2.3km onto Weltevrede road, continue straight for 13,4km, turn left into farm.

DRAW A ROADMAP TO REACH YOUR FARM:





LIST OF REGISTERED AND CALFBOOK ANIMALS:

[illegible]

IMPORTANT
Application for Membership

I, (full name in block letter)

hereby apply for membership of the NGUNI CATTLE BREEDERS' SOCIETY OF SOUTH AFRICA:

1. I shall abide by the Constitution of the Society and any rules, regulations and by-laws passed under the said Constitution which I warrant I have read.
2. Should I at any time wish to terminate my membership of the above-named society shall I do so by giving written notice of the termination of the membership sent by pre-paid registered post or e-mail, with delivery and read receipts, to the Society.
3. Termination of my membership will only become effective once all amounts then owing to the Society have been paid in full as required by the Constitution.
4. All accounts in respect of money owed by me to the Society and which remain unpaid for thirty (30) days after date of statement in the month invoiced, will bear interest at the interest rate of prime plus 5 % per annum from date in arrears. The services of members whose accounts are ninety (90) days in arrears will be suspended and accounts hundred and twenty (120) days in arrears will be handed over to a debt collector and the necessary legal action will be taken to recover the amount in arrears.
5. The statement prepared and presented by the Society showing the amount owing by me to the Society shall be sufficient and satisfactory proof of the amount due to the Society.
6. I choose as my domicilium citandi et executandi (an address not being post office box or poste restate)

Address:	Farm Kaffirvoet Pad 87 JP, Portion 1		
	Lydenburg, Mpumalanga		
		Postal Code:	1120
Telephone no.:	0722628167		
Name of farm:	Farm Kaffirvoet Pad	District:	Mpumalanga
Date of birth:	29/06/1982	Occupation:	Director
Date:	16/09/2025	Signature:	Meloney Muller

PARTNERSHIPS

In the event of a partnership one of these documents must be completed by EVERY partner in the partnership and these documents must accompany the application for membership.

I,

1. Title:		2. Initials:	
3. Full Names:			
4. Surname:			
5. Postal address:			
		6. Postal Code:	
7. Telephone No.:		8. Mobile No.:	
9. Email Address:			

THAT APPLIED FOR MEMBERSHIP UNDER THE MEMBERSHIP NAME:

DO HEREBY AGREE AND ARE BOUNDED TO BE HELD JOINTLY AND SEPARATELY RESPONSIBLE FOR PAYMENT OF ANY MONIES DUE AND PAYABLE TO THIS ASSOCIATION AS MAY BE PAYABLE FROM TIME TO TIME

Authorised representative of partnership as determined at a meeting of partners held on 20

Name:

Address:

Signed at this ^D^D day of ^Y^Y^Y^Y

Signature of partner:



FOR COMPLETION BY THE DIRECTORS/MEMBERS OF COMPANIES/CLOSE CORPORATIONS

I/We (full names and addresses please),

Name:	
Address:	
Name:	
Address:	
Name:	
Address:	

in my/our capacity as director of the company/individual members of the close corporation, declare myself/ourselves prepared in our personal capacities to be held responsible for the payment of the outstanding debts of the company/close corporation

Authorised representative of company, private company or body corporate as determined at a meeting of directors/
members held on 20

Name:	
Address:	

Signatures:			
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FOR COMPLETION BY THE DIRECTORS / MEMBERS OF COMPANIES / CLOSE CORPORATIONS / PARTNERSHIPS AND TRUSTS
CONSENT FORM

I _____ (Name and surname) with ID number _____, the duly authorised representative of _____ ("Company") with registration number _____ agree that the **Nguni Cattle Breeders' Society** may make inquiries to confirm any information provided by the Company and that the **Nguni Cattle Breeders' Society** may verify the information and obtain additional information from Experian, a registered credit bureau, when assessing the information provided herein. I authorise the **Nguni Cattle Breeders' Society** to conduct a credit report on the Company, and warrant that all the directors and/or members have consented to the Company instructing the **Nguni Cattle Breeders' Society** to conduct the credit enquiry on the Company and that the Director and/or Members acknowledges that the enquiry will include an inquiry into the Director and/or Member's credit profile. I further warrant that the Directors and/or members authorise the **Nguni Cattle Breeders' Society** to obtain the credit information on the Directors and/or Members and that the Company has the consents as stated herein, in writing. In the event of the **Nguni Cattle Breeders' Society** being required to do an account verification check to verify that banking details provided, are correct, or to enquire with the Company's banker to obtain its opinion with regards to lending amounts and lending terms applicable to the Company, I hereby authorise such an enquiry. We furthermore consent to the **Nguni Cattle Breeders' Society** submitting our information, including payment profile and default information and any other relevant information, to Experian and to allow Experian to release the information for lawful purposes to third parties.

I furthermore warrant that all information supplied to the **Nguni Cattle Breeders' Society** is to the best of my knowledge true and correct, that I am not aware of any other information that would affect the credit application of the Company in any way and that I am authorised to sign this document.

The Company:

Name of the Company:	
Name of the Authorised Representative:	
Title:	
Signature:	
Date:	

Directors / Members Details:

Name:	
ID Number:	

Name:	
ID Number:	

Name:	
ID Number:	

Name:	
ID Number:	



CODE OF CONDUCT FOR MEMBERS

When enrolling as a member of the NGUNI CATTLE BREEDERS' SOCIETY OF SOUTH AFRICA, the member commits him or herself to the following code of conduct:

1. The presence and attitude of a member shall at all times benefit the Society, members of the Society and the breed as such.
2. The conduct of members at sales, exhibitions and in public shall at all times bear proof of the cohesion between members and their loyalty towards the Society, and the Nguni breed as such.
3. Complaints regarding the behavior of a fellow member, an inspector, a member of the Council or the Council of the Society, must be put in writing to the Council, who will hear the case and if necessary take appropriate steps.
4. Every member will subject him/her to the disciplinary measures, as i.e. contained in the Society's Constitution.

I, (print name) undertake to be bound by the above Code of Conduct for members.

Signed at this ^D day of ^Y ^Y ^Y ^Y

Member Signature:

Type text here