SA CANEGROWERS

GROWER MEMBERSHIP FORM

Please tick (✓) the box		
Your role ☐ Owner ☐ Representative	**Nature of entity** ☐ Individual grower ☐ Company ☐ Co-operative ☐ Project	**Home Mill** Use one membership form per Home Mill. **Mill company**
Name of farm/group/company/co-operative/project **Number of members in co-operative or project**		**Grower codes** (e.g., 123456 A)

Grower details			
First name(s)			
Last name			
I.D. number			
Company registration			
Tax number (*optional*)			
Mobile phone number(s)			
Email address(es)			
Physical address			
Grower type ☐ Large scale (LSG) ☐ Land reform (LRG) ☐ Small scale (SSG) LSG: >225 tons RV SSG: <225 tons RV LRG: Any size	**Race** ☐ Black ☐ White ☐ Coloured ☐ Indian ☐ Other	**Language preference** ☐ English ☐ isiZulu ☐ isiSwati ☐ Afrikaans	**Gender** ☐ Male ☐ Female **Disabled?** ☐ Yes ☐ No

initial

Terms of membership

You acknowledge and consent to SA Canegrowers processing your personal information:

1. to join SA Canegrowers, process benefits linked to membership of SA Canegrowers and for purposes of administering SA Canegrowers membership and complying with your instructions;
2. for the collection and processing of statistical data for the sugarcane industry, without the identification of a specific member; and,
3. for the purposes of the prevention and detection of fraud and criminal activities, the identification of the proceeds of unlawful activities and the combating of money laundering activities.

SA Canegrowers may request access to your personal information on your behalf, to fulfil our obligations to you as a member. We will only access this personal information for the purposes set out in these terms.

You have the right to access and update your personal information held by SA Canegrowers, during office hours, and within a reasonable time after receiving such a written request for access. We will only keep your personal information for as long as necessary, or as required by law.

SA Canegrowers may change these terms from time to time, and we will notify you of these changes in writing. If you continue your membership with us, the updated terms will apply to you, and you will be deemed to have accepted the updated terms.

Membership acceptance

I, _____ (Email _____, Contact: _____) the undersigned, of (address) _____

being a sugar cane grower contracted to deliver cane to _____ mill under the grower number(s) _____

do hereby confirm my membership of the South African Cane Growers' Association NPC (SA Canegrowers) of Kwa-Shukela, 170 Flanders Drive, Mount Edgecombe, 4300. This membership will continue to apply for subsequent seasons until authorised by the signatory to be terminated.

Signed on this day _____ at _____

Signature	Witness 1	Witness 2
Grower or representative	Print name:	Print name:

ELIGIBLE FOR FUNERAL BENEFIT? PLEASE FILL OUT **BENEFICIARY NOMINATION** FORM ON **NEXT PAGE**

BENEFICIARY NOMINATION FORM

This form must be completed when nominating a beneficiary for your Triarc Group Risk Policy.

MEMBER DETAILS

Names	
Surname	
ID Number	ID ☐ Passport ☐
Passport Number	
Date of Birth	- -
Company Name	
Email Address	
Contact Number	
Address	

BENEFICIARY NOMINATION DETAILS FOR MEMBER

Beneficiary to whom the money will be paid on the death of the Policyholder. Please complete the details of the Beneficiary you nominate. If any of the other Insured Lives die, you will be the beneficiary and we will pay the Benefits to you. If you do not nominate a Beneficiary to receive the money in the event of your death, you agree that the Claimant will be your Beneficiary.

Name	Surname	ID Number/ Passport	Date of Birth	Relationship	Percentage	Contact Number
					100	

Trust Name	Registration Number	Percentage	Contact Number
		100	

A secondary nominated Beneficiary is advisable in the case that the Policyholder and primary Beneficiary die together.

Name	Surname	ID Number/ Passport	Date of Birth	Relationship	Percentage	Contact Number
					100	

Trust Name	Registration Number	Percentage	Contact Number
		100	

***Percentage of benefit up to 100%**

Signed at _____ On D D - M M - Y Y Y Y

Signature of Member _____