



SOUTH AFRICAN
WRESTLING FEDERATION

ANNEXURE 1

APPLICATION FOR AFFILIATION

ASSOCIATION INFORMATION

Name of Association	:	
Address (as per constitution)	:	
Postal Address	:	
Telephone number	:	
Cell number	:	
Email Address	:	
Website	:	
Facebook page	:	
Twitter Handle	:	
Instagram	:	

Affiliated to Provincial Sport Confederation?	YES	NO	Letter confirming affiliation to be attached. If NO, reason why and when will registration happen?

MANAGEMENT TEAM INFORMATION

Position	Name	Cell number	Email Address	Grading	eTMS Registration #
President					
Vice-President					
Secretary General					
Treasurer					
Head Coach					
Head Referee					
Head Team Manager					
Head Admin Official					
Head HSSC Official					
Additional Members					

AUDITOR'S DETAILS		
Name of Auditor	:	
Address	:	
Postal Address	:	
Telephone number	:	
Email Address	:	
Letter confirming appointment as auditors must accompany this application		

BANKING DETAILS		
BANK	:	
ACCOUNT NUMBER	:	
BRANCH CODE	:	
NAMES OF SIGNATORIES	:	
Letter from bank OR Cancelled Cheque OR Letter from Auditor confirming bank account details		

ACCOMPANYING DOCUMENTS			
	YES	NO	IF "NO" – Reason and planned submission date.
Latest constitution - Signed			
Auditor's Appointment Letter			
Bank Letter / Cancelled Cheque / Auditor's Letter			
Affiliating confirmation – Provincial Sports Council/Confederation			
Latest Audited Financial Statements			
Minutes of AGM to confirm approval of audited financial statements.			
Letter confirming appointed representatives to attend SAWF General Meetings			
Transformation & Development Plan			
Strategic Plan			
President's Report			

We the undersigned executive management members of the _____, confirm that we have been authorised to acknowledge and accept the terms and conditions set forth in the South African Wrestling Federation's Constitution specifically, without limiting the generality thereof, all rule, policies and guidelines, as well as any procedures listed therein. We accept that it is our responsibility to review and be familiar with these. We further agree to be bound by the rules, policies and procedures set forth and contemplated in both the South African Wrestling Federation's Constitution, together with the rules, policies and procedures of any body to which the South African Wrestling Federation is affiliated, from time to time. We further acknowledge and accept that as an affiliated member we are bound by the rules, policies and procedures of the South African Wrestling Federation and to this end agree to the additional procedures:

- 1.1. Ensuring that all members participating in the sport of wrestling are properly affiliated and registered with the SAWF on the Member Management System (eMMS).**
- 1.2. Ensuring that all coaches, team managers, referees and other officials are properly affiliated and registered with the SAWF on the eMMS system.**
- 1.3. Ensuring that all volunteers, club and association management members are properly affiliated and registered with the SAWF on the eMMS system.**
- 1.4. Ensuring that all coaches, team managers, referees and other officials attend and participate in at least one accredited training event during the wrestling year.**
- 1.5. Ensuring all competitions, tournaments and training courses are recorded using the SAWF's eMMS system**

Signed at: _____ on this _____ day of _____ 20____

PRESIDENT

NAME

SIGNATURE

SECRETARY GENERAL

NAME

SIGNATURE

TREASURER

NAME

SIGNATURE

We the undersigned management members of the General Management of _____, confirm that the information contained in this application is correct and that the necessary approvals and mandates have been obtained at the AGM held on the _____ day of _____ 20____

**GENERAL MANAGMENT
(not part of Executive)**

NAME

SIGNATURE

**GENERAL MANAGEMENT
(not part of Executive)**

NAME

SIGNATURE