



SOUTH AFRICAN
WRESTLING FEDERATION

ANNEXURE 1

APPLICATION FOR AFFILIATION FOR THE YEAR 2021

ASSOCIATION INFORMATION - 2021

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?

Position	Name	Cell number	Email Address	eTMS Club Volunteer 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	
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Name of Auditor	:	
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Letter confirming appointment as auditors must accompany this application

BANKING DETAILS	
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BANK	:	
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ACCOUNT NUMBER	:	
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BRANCH CODE	:	
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NAMES OF SIGNATORIES	:	

Letter from bank OR Letter from Auditor confirming bank account details

AFFILIATED WRESTLING CLUB ADDRESS LIST

DO ALL UP DATES IN RED PLEASE

ACCOMPANYING DOCUMENTS			
	YES	NO	IF "NO" – Reason and planned submission date.
Latest constitution – Signed – only if there were any changes in the last 12 months.			
Auditor's Appointment Letter			
Bank Letter / Auditor's Letter – as proof of account at Bank.			
Affiliating confirmation – Provincial Sports Council/Confederation.			
Latest Audited Financial Statements - 2020			
Page 9 & 10 to confirm approval of audited financial statements at 2021 AGM with signature of Chairperson, Secretary, Treasurer and two Members of AGM (Not Executive Members)			
Letter confirming appointed representatives to attend 2021 AGM and SAWF General Meetings in 2021.			
Address list of 2021 Wrestling Clubs with Contact details of Chair Person and Secretary.			
President's Report – 2020. If applicable.			

We the undersigned executive management members and AGM 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 anybody 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 and Police Clearance form submitted.
- 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.
- 1.6. That the 2020 Audited Financial Statements was approved at the 2020 AGM.

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