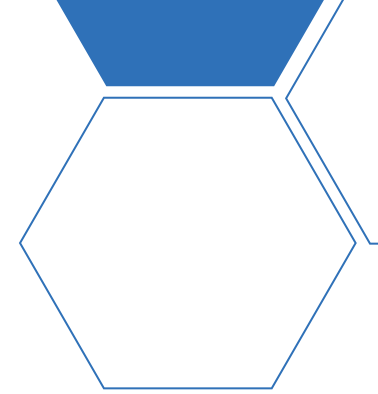




APPENDIX A: STANDARD LETTER OF LEGAL COMPLIANCE

ALL SATSA APPLICANTS/MEMBERS MUST INITIAL EACH PARAGRAPH IN THE BLOCK PROVIDED.



NAVIGATION

Full Company Name :

CIPRO Registration No.

SATSA Member Name :

SATSA Membership No :

I hereby confirm that the above business is registered with the authorities that regulate the category of business in which it operates. I am aware of the statutory requirements at local, provincial and national levels for the type of trade that this business is engaged in.

I also hereby confirm that the above business has, or charters, vehicles and drivers that have (or uses subcontractors or service providers with vehicles and drivers that have) the relevant permits, operating licences, road transport permits, safety certificates, certificates of roadworthy and fitness, valid Professional Drivers Permits, registered guides, SABS certificates and any other official document that is required by the authority regulating the category of business in which it (or its subcontractor) operates.

I am aware that the activities of providing or arranging (booking/broking) tours, accommodation, conferences, events, etc. and/or transporting fare-paying customers results in liability should there be an incident. I therefore understand that insurance of a Passenger Liability and/or General Public Liability and/or Professional Indemnity nature is required, and I understand that SATSA has minimum requirements for these insurances. I understand that these insurances are required in the name of the above business, even if the above business does not own the vehicles or facilities in which the activities are undertaken. I realise that there is day-to-day insurance available if I operate too infrequently to warrant a monthly or annual policy.

I therefore attach either a copy of, or the relevant pages of, the policy or a letter from my insurer that confirms that the above business has an annual policy for insurance cover (see "Standard Letter for Application – Insurance Compliance"), OR (if the above business does not have a permanent annual policy), I agree that SATSA has the right to ask for proof of cover for a tour or event at any time.

I acknowledge that SATSA may request copies of any official documentation at any time in order to establish proof of the above. I also understand that should it be found that the above business does not have the appropriate insurance cover, permits, or licences, our SATSA membership may be suspended, or terminated immediately, and notification send to all other SATSA members.

I acknowledge that I am bound to inform SATSA of any changes pertinent to SATSA membership, and to provide copies of relevant renewed documents should the ones provided on application expire.



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ALL SATSA APPLICANTS/MEMBERS MUST INITIAL EACH PARAGRAPH IN THE BLOCK PROVIDED.

I acknowledge that I am bound to inform SATSA of any changes pertinent to SATSA membership, and to provide copies of relevant renewed documents should the ones provided on application expire.

I, the undersigned, have the authority to sign on behalf of the above business.

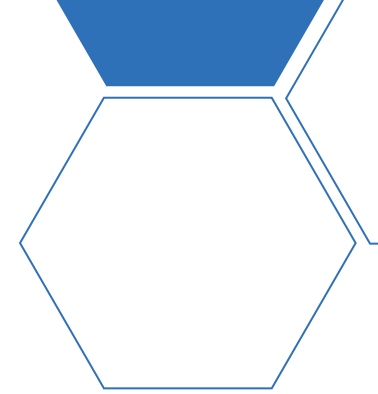
Signed at

Date

Name

Signature

Designation



NAVIGATION