

DCTO Membership Application Form

2017/2018



CONTACT DETAILS (for office use)

| | | | |
|----------------|------------|-------|--|
| Company | | | |
| Trading As | | | |
| Contact Person | First Name | | |
| | Surname | | |
| Business Title | | | |
| Telephone | | Cell | |
| Fax | | Email | |
| Address | | | |
| Postal Address | | | |

CONTACT DETAILS (for marketing use)

| | | | |
|------------------|------------|-------|--|
| Company Name | | | |
| Contact Person | First Name | | |
| | Surname | | |
| Business Title | | | |
| Telephone | | Cell | |
| Fax | | Email | |
| Facebook Link | | | |
| Twitter Link | | | |
| Pinterest Link | | | |
| Instagram Link | | | |
| Google Plus Link | | | |
| Website | | | |
| Physical Address | | | |

BUSINESS CATEGORY

Please complete using the **Category List**

| | |
|---------------|--------------|
| Main Category | Sub Category |
| | |

DESCRIPTION

Please describe your business in **less than 80 words**. This description will be used in brochures and websites and should paint a picture of your establishment, not just list its facilities.

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| |
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ACCOMMODATION ESTABLISHMENTS ONLY

| Type | Number |
|--|---------------|
| Single Rooms | |
| Double Rooms | |
| Executive Rooms | |
| Family Rooms | |
| Twin Rooms | |
| Budget Rooms | |
| (Timeshare Establishments Only) Apartments | |
| Total | |

CONFERENCE/FUNCTION VENUE

| | |
|---------------------------------|--|
| Maximum Capacity (Cinema Style) | |
|---------------------------------|--|

Code of Conduct

By submitting this form, I /we agree to abide by the following:

- To provide services of excellent standard and quality to all tourists regardless of race, gender, religion or place of origin
- To do all that is practically possible to ensure the safety and security of tourists who utilise our services or patronise our premises
- To treat the environment with respect
- To be an ambassador at all times for the greater metropolitan area of Durban, the Province of Kwa-Zulu Natal and the Republic of South Africa

| | |
|--------------|------------------|
| Name: | Signature |
| Date: | |

| | |
|--------------|------------------|
| Name: | Signature |
| Date: | |

CHECKLIST OF DOCUMENTS TO BE SUBMITTED

ALL ESTABLISHMENTS

| No# | Document | Tick |
|------------|--|-------------|
| 1 | A separate, completed and signed Membership Application Form for <u>each</u> Sub-category in which you wish to register as per the Category List | |
| 2 | Certificate of Registration from the Companies and Intellectual Property Commission(CIPC/CIPRO) or if your establishment is a Sole Proprietorship a Declaration Form (available from our offices) | |
| 3 | Latest Confirmation of Payment for Liquor Licensing if establishment serves liquor | |
| 4 | Licensing Authority Business Licence for the Sale or Supply of Meals or Perishable Foodstuffs if establishment serves or sells food | |
| 5 | Proof of Public Liability Insurance (if applicable) | |
| 6 | 3 high quality digital images showcasing your establishment plus your establishment logo in digital format | |

ACCOMMODATION ESTABLISHMENTS

Please provide all the relevant documents from the **ALL ESTABLISHMENTS** section plus

| | | |
|---|---|--|
| 7 | An Accommodation Certificate from the EThekweni Municipality | |
| 8 | Your current Grading Certificate (if applicable) | |

TOUR AND TRANSPORT ESTABLISHMENTS

Please provide all the relevant documents from the **ALL ESTABLISHMENTS** section plus

| | | |
|----|--|--|
| 9 | A PDP (Public Driving Permit) for each driver | |
| 10 | Proof of Passenger Liability Insurance | |
| 11 | Current Road Transport Permit | |
| 12 | All documents required by your tour guides (TOUR GUIDES section) | |
| 13 | Current First Aid Certificate | |

You need to provide us with the below documents for Guides that you employ

TOUR GUIDES

Please provide all the relevant documents from the **ALL ESTABLISHMENTS** section plus

| | | |
|----|--------------------------------------|--|
| 14 | Tour Guiding Card | |
| 15 | Copy of Identity Document | |
| 16 | Current First Aid Certificate | |

ACCOMMODATION BOOKING AGENTS

Please provide all the relevant documents from the **ALL ESTABLISHMENTS** section plus

| | | |
|----|--|--|
| 17 | A list of the establishments for which you make bookings | |
|----|--|--|

DURBAN CENTRAL COMMUNITY TOURISM ORGANISATION CONTACT DETAILS

Tel: 031 321 5140

Cell No: 0614632413

E-mail: memberships@durbancto.co.za

Web: www.durbancto.co.za