

MEMBERSHIP APPLICATION

I/We, the undersigned, do hereby apply to become recognised as a (tick relevant)

Member Type	Tick
IWH Trade Member (Operations, Supplier, Manufacturing Companies)	
IWH Trade Consultant (Sole Proprietor)	
IWH Trade Individual (Own Capacity) – separate application form	NA
IWH Professional Body (Professional Development Partners (PDP)) <i>Only select this one if you provide any working at heights training – complete sections 1.1 / 2 / 3 / 4</i>	

Notice: If you are a Professional Development Partner, you will have to become a recognised PDP with the IWH Professional Body. It is not permitted to be a Trade Member and not be recognized with the IWH Professional Body when your organisation does any work at height related training.

- All member types should complete annexure A and B
- Professional Development Partners (PDP) must complete additionally annexure C

PLEASE NOTE THE FOLLOWING:

- Membership is not issued because of an application received.
- We do not issue “in process or application in process” letters for RFQ's or Tenders.
- Membership will only be established after the compliance audit has been conducted and the compliance requirements achieved.
- The audit criteria will not be sent out without proof of payment for the quotation.
- Companies should take note of the payment terms.

The timeline for the completion of the process is established by the company based on the following:

- Once the application is received, we try to get a quotation to the company with 5 working days.
- Full payment of the quotation is required before the audit criteria is sent out the applying company.
- After reviewing the audit criteria, the company then notifies the IWH of a suitable date and time for the audit to be conducted.
- Once the audit is completed and the company complies to the requirements, membership is issued as soon as possible.
 - o Should improvement action be required, membership will not be issued until such improvements have been received and reviewed.

When the process is completed, and membership is achieved through compliance, the company will receive their membership certificate and relevant documentation. Company details will be confirmed, and company details placed on the website.

1. DETAILS OF APPLICANT

1.1. Company / Consultant / PDP

Trading Name / CC / PTY (Ltd)	
Street Address:	
Postal address:	
E-mail address:	
Web-site address:	
Telephone No:	
Additional Contact No:	

2. REGISTRATION

Notice: Proof of documents needs to be submitted with the completed application forms.

Description	Number / Comment	Proof Attached
Company Registration # with CIPC		
VAT # (if applicable)		
Letter of Good Standing (FEM/COIDA/RMA) *PDP Scope to include Work at height training	Registration #:	
	Expiry Date:	
	Scope:	
Public Liability (min R3,000,000.00)	Value:	
Annual Turn-Over	Value:	

Company	Type	Tick
Member Allocation	Enterprise (2 or more branches or companies)	
	Normal (1 branch or annual turnover R10,000,000.00, or greater)	
	Micro (Annual Turnover less than R10,000,000.00)	

3. CONTACT DETAILS

Name & Surname:	Title:	Cell:	E-mail address:
	CEO/Manager		
	Invoices/Accounts		
	IWH dedicated Representative		
	IWH dedicated Representative		
	IWH dedicated Representative		

4. SCOPE OF BUSINESS

Please mark your main company activity with a "1"
For more than one activity, mark the secondaries with an "✓".

Chamber	1 / ✓	
	Trade	PDP
Rope Access		
Fall Protection		
Wind Turbines		
Ladders		
Access Towers (Aluminum Scaffold)		
Mobile Elevating Work Platforms (MEWP's)		
Suspended Access Equipment		
Vertical Access Platforms		
Scaffolding (Steel)		
Falsework		

5. FINANCIAL REFERENCES

These are references of companies you have accounts with.

Company	Contact Name & Surname	Cell:	E-mail address:

6. EMPLOYEES

Are all your employees who actively work at height, trained, and registered as practitioners against a Designation with the IWH Professional Body?

YES / NO / NA

Staff Allocations per Province											
Requirement	EC	FS	GP	KZN	LIM	MP	NC	NW	WC	TOTALS	
Number of staff working at height											
General Staff											
Managers and administration staff											
Directors	No split by province required										
TOTAL COMPLEMENT											

7. BRANCHES / OTHER COMPANIES

Do you have any branches and/or subsidiary companies?

YES / NO

Specify related companies/Umbrella companies/MOU with other companies

Branches			
Branch name	Physical address	Telephone	Contact

8. OCCUPATIONAL HEALTH & SAFETY ACT 85 OF 1993

Do you comply with all relevant sections of the current Act and Regulations which apply to your business?

YES / NO / NA

9. COMPANY AUDITOR

Name:			
Telephone No:		E-mail:	

10. IWH AUDITS

The recognition process will include an on-site compliance audit which will be carried out by an IWH approved and qualified auditor. The audit criteria will be provided to the applicant before the visit so that the applicant can prepare themselves properly. The initial once off audit fee and annual membership fee, must be paid upfront before the site audit will be arranged. The applicant reserves the right to request another auditor if the auditor chosen by the IWH might pose potential conflict of interest (where this can be evidently proven).



Costs incurred for any required subsequent follow-up site visit/s will be for the account of the applicant.

11. RELEVANT ANNEXURES

Once this application form is filled in, please also complete the following annexures as per stipulated below for the type of application being submitted.

All Members: Annexure A & Annexure B
 Professional Development Partners: Additionally, Annexure C

12. DECLARATION BY APPLICANT

I declare that I am authorised to complete this application on behalf of the applicant, and if accepted, will be responsible for the payment of all fees. I furthermore declare that, if admitted as a Trade member and/or PDP, to uphold and abide by the Constitution, the Code of Ethical Practice, all Legislation and Standards applicable to the industry, any Rules and decisions of the Institute as may be determined from time to time, and the payment of fees when due.

NAME & SURNAME	POSITION:	SIGNATURE:	DATE:

SEE LAST PAGE FOR FEE ALLOCATION

13. FEE ALLOCATION (1ST OF MARCH 2026 UNTIL 28TH OF FEBRUARY 2027)

ANNUAL SUBSCRIPTION (ex. VAT)

Large Enterprises	2 or more Branches or Registered Companies	R16779.00
Normal Enterprises	1 Branch or Turnover ≥ R 10 Mil	R8599.00
Micro Enterprises	Turnover < R 10 Mil	R6780.00
Affiliate	Consultants	R1973.00
Individual	Registered IWH Practitioner / SACPCMP Registered	R661.00

INITIAL AUDIT FEE

R4298.00 once off ex VAT
 (Large, Normal and Micro companies)

ADMINISTRATION AND REGISTRATION FEE

R 500.00 once off ex VAT
 (Affiliate companies)
 R 200.00 once off ex VAT
 (Individuals)

Additional Costs if not arranged by applicant:

Flights (As and when required)
 Accommodation (Required for more than 400km return)
 Travel (charged per km)

AUDIT AND MEMBERSHIP FEE:

Payable before scheduling of Audit AND issuing of audit criteria – **non-refundable**