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Vereniging - Association ABATTOIR MEMBER APPLICATION 2025

SERVICE (Please indicate the t	hrough-nut and	d species of the	ahattoir)					
High Through-Put		100+ Units 50 – 99 Units 21 – 49 Units		R6	R8 900.00:			
Low Through-Put		11 - 20 Units < 10 Units		R2	900.00 500.00):		
Low Through-Put		2 Units max		R	400.00):		
Species		Beef Sheep Pork		Ost Oth	rich er			
Membership fee quo			annum	•				
All prices quoted are in ZA	R and excluding	15% VAT						
ABATTOIR INFORM	ATION				ı			
Abattoir Name:			VAT No:					
Postal Address:			Physical Addres	s:				
Telephone:	()		Fax:		()		
Abattoir Grade:			Certificate of Registration Nr		(Pleas		h a copy of the	
CONTACT INFORMA	ATION				•	,		
Abattoir Owner's Name:			Abattoir Owner's Surname:	3				
Telephone:	()		Fax:		()		
Cell:			E-mail:					
Contact Person's Name:			Contact Person' Surname:	s				
Telephone:	()		Fax:		()		
Cell:			E-mail:					
RMAA PAYMENT DI Kindly complete form and banking details ir	and send to ir						ne exact amount	
Office Use:								
Date:	Filed: Si	gned off: 🔲 Sy	/stem updated: □C	ору о	f RC: [J		