

***SACSA, Space Affairs unit, the dtic, Private Bag X84, Pretoria 0001***

***the dti*** *Campus, 77 Meintjies Street, Sunnyside, Pretoria, 0001 Tel: +27 12 394 3993, Fax: +27 12 394 4993* Email: secretariat@sacsa.gov.za

*TJolisa@thedtic.gov.za*

*Web: www.sacsa.gov.za*

***SACSA Registration Form***

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| **Application for registration with the South African Council for Space Affairs (SACSA) as an entity legally registered in South Africa involved in space activities.**The Space Affairs Act No 84 of 1993 mandates the South African Council for Space Affairs to register persons and authorities involved in the space activities. The information thus obtained will be used by SACSA to enhance and co-ordinate the space industry and its capabilities. **GUIDELINES*** The registration form must be completed in full and must be signed by the applicant.
* A company profile must accompany the registration form.
* It should be noted that SACSA has the discretion to accept or reject any application for registration.
* The applicant must furnish all the information required – failure to do so might result in the application being declined.
* The application may be submitted electronically, but the original fully completed and signed forms must be hand-delivered/posted or couriered to SACSA offices, as reflected above.
* Applicants will be notified of the receipt of their application within 14 days of receipt by SACSA Secretariat and they will be notified of the outcome of their application within three months of the date of receipt by SACSA.

Information provided on this registration form will be treated as confidential and will not be shared with other parties outside of government and its agencies. |

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| Company name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Applicant Reference Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Person Tel. No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **For office use only**

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| Received on: DD\_\_\_\_\_\_\_\_\_\_\_\_MM\_\_\_\_\_\_\_\_\_\_YY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reference Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Received by (print full name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Status: Approved Declined

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 Registration Category: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Registration Certificate issued on: DD\_\_\_\_\_\_\_\_MM\_\_\_\_\_\_\_\_\_YY\_\_\_\_\_\_\_\_ Certificate No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

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| **Note: Private sector and parastatal entities should complete sections A1, B, C1 and D of this form. Applicants from public sector entities, academic and research institutions, and other non-commercial entities involved in space activities should complete sections A2, B, C2 and D of this form.**  |

**Section A: Corporate or Institutional information**

**Section A1: Private Sector Applicant**

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|  **PARTICULARS OF THE APPLICANT** |
| Company name |  |
| Postal Address (Head Office) | Physical Address (Head Office) |
|  |  |
| Code  |  | Code |  |
| Company Type(e.g. Sole proprietor, Partnership, Joint Venture, (Pty) Ltd, etc.) |  |
| Company registration number |  | Registration date |  |
| Experience in the particular Industry | Years |  | Months |  |
| Regional Offices/ Presence | Eastern Cape  | Free State  | Gauteng  | KwaZulu-Natal  | Limpopo  | Mpumalanga  | North West  | Northern Cape  | Western Cape  |
|  |  |  |  |  |  |  |  |  |
|  |
| What do you Supply? |  | Products? |  | Services? |  | Other (Specify?) |  |
| Briefly describe your company’s core business: |  |
| **APPLICANT’S INVOLVEMENT OR INTENDED INVOLVEMENT IN SPACE ACTIVITIES** |
| **Please complete by a tick (√) in this section to indicate your current involvement or intended involvement in space activities** |
| 1. Area of Involvement in space activities
 | **Yes** | **No** |
|  1.1 Launch of space objects into outer space; |  |  |
|  1.2 Operation and control of space objects in orbit; |  |  |
|  1.3 Manufacture of space objects; |  |  |
|  1.4 Operation of a space facility and/or a controlled re-entry operation |  |  |
|  1.5 Re-entry of space objects; |  |  |
|  1.6 Space Applications |  |  |
|  1.7 Ground Segments |  |  |
|  1.8 Space Exploration |  |  |

**List all proprietors and shareholders**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Position** | **Ownership (%)** | **Citizenship** | **ID/Passport Number** |
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| **T O T A L** | **100%** |  |  |

*Insert additional lines as appropriate.*

**Section A2: Institutional applicants**

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| Name of Institution or Entity  |

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| Entity Type (E.g. University, Research Institution, Professional Association, etc.)  |  |
| Registration number |  | Registration date |  |
| What is the entity’s main area of activity? | Research & Development |  | Education & Training |  | Other?(specify) |  |
| Briefly describe the applicant’s main activities in the space domain. |  |
| List the specific projects undertaken by the applicant.(may be included as a separate Annexure) |  |

**Section B: Contact Details**

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| --- | --- | --- |
| Contact Name 1  | Position  | E-mail Address 1  |
|  |  |  |
| Tel 1 |  | Fax 1 |  | Cell 1 |  |

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| --- | --- | --- |
| Contact Name 2 | Position  | E-mail Address 2 |
|  |  |  |
| Tel 2 |  | Fax 2 |  | Cell 2 |  |

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| --- | --- | --- |
| Contact Name 3 | Position  | E-mail Address 3 |
|  |  |  |
| Tel 3 |  | Fax 3 |  | Cell 3 |  |

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| **Name of Facility (1)**  | **Name of Facility (2)** |
|  |  |
| Physical address | Postal address  |
|  |  |
| Postal Code |  | Postal Code |  |

**Section C: Additional Information**

**Section C1. Private sector and parastatal applicants**

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| If evaluated by an independent BEE-rating agency, please provide copy of certificate. | **Yes** | **No** | *Reason if “No”* |
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| Please supply a copy of your Company Profile (add softcopy [CD/USB/EMAIL] if possible). |

 | **Yes** | **No**  | *Reason if “No”* |
|  |  |
| Company Registration Number | **Yes** | **No**  | *Reason if “No”* |
|  |  |
| Aerospace licenses, certificates or approvals (provide details)" |  |  |  |
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**Please give a brief description of competencies and/or facilities available for the design, development, manufacturing or operation of space-based products/services/systems.**

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**Section C2. Academic and Research Institutions**

Please list the key academic personnel and/or team leaders involved in space activities. Copy this section as many times as required.

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| Name  |  |
| Designation  |  | Qualification |  |
| Email |  | Telephone |  |
| Faculty |  | Department/unit |  |
| Courses/Degrees offered |  |
| Number of postgrads/postdocs |  |
| Research areas |  |

**Please give a brief description of facilities available for training and/or research in space-related disciplines**

**Section D: Declaration**

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| **MANDATORY CHECKLIST** |
| 1. BEE Certificate
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| 1. CIPC Certificate
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| 1. Ownership Structure (Total 100%)
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| I/we, the undersigned (print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Certify that the information as furnished in this document is correct \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Designation*(Please initial all other pages of this document)* |