



# COMMERCIAL COMPANY MEMBERSHIP APPLICATION

To apply for membership, please complete the following form and return to DAN via

[mail@dansa.org](mailto:mail@dansa.org) or join online at [www.dansa.org](http://www.dansa.org)

Note that individuals will not receive personal membership cards, as cards are allocated to the company.

## COMPANY DETAILS

Name of company:

Company registration no:

No. of memberships required:

Membership start date:

Company contact person:

Postal address:

Tel. work:

Mobile no:

Fax:

Email:

I/we hereby declare that the particulars and answers given above are, to the best of my/our knowledge, true and I/we agree that this declaration shall form the basis of the agreement between the Company and Divers Alert Network. Furthermore, I/we understand that it remains a warranty precedent to any liability under the membership benefits that all persons to be registered are, to the best of my/our knowledge and belief, in a normal and good state of health and are likely to remain so for the duration of the membership.



## COMPANY STAFF DETAILS

### First Staff Member

Title:

Name:

Surname:

Date of birth:

ID/Passport no:

Class of diver:

Registration no:

Membership choice:           Diver (registered diver)  
  Supervisor  
  Learner Diver Non-diver support personnel

Are you in possession of either a DoL, HSE/IMCA or equivalent diving medical certification/are you declared fit for commercial diving?  
(Please attach confirmation)

Confirming doctor:

Doctor's tel:

Medical aid name:

Medical aid no:

Medical aid dependents?

Do you have any medical restrictions?  
(Attach details if yes)

Do you have any previous cases of DCI?

Emergency contact name:

Emergency contact tel:



**Second Staff Member**

Title:

Name:

Surname:

Date of birth:

ID/Passport no:

Class of diver:

Registration no:

Membership choice:           Diver (registered diver)  
  Supervisor  
  Learner Diver Non-diver support personnel

Are you in possession of either a DoL, HSE/IMCA or equivalent diving medical certification/are you declared fit for commercial diving?  
(Please attach confirmation)

Confirming doctor:

Doctor's tel:

Medical aid name:

Medical aid no:

Medical aid dependents?

Do you have any medical restrictions?  
(Attach details if yes)

Do you have any previous cases of DCI?

Emergency contact name:

Emergency contact tel:



**Third Staff Member**

Title:

Name:

Surname:

Date of birth:

ID/Passport no:

Class of diver:

Registration no:

Membership choice:           Diver (registered diver)  
  Supervisor  
  Learner Diver Non-diver support personnel

Are you in possession of either a DoL, HSE/IMCA or equivalent diving medical certification/are you declared fit for commercial diving?  
(Please attach confirmation)

Confirming doctor:

Doctor's tel:

Medical aid name:

Medical aid no:

Medical aid dependents?

Do you have any medical restrictions?  
(Attach details if yes)

Do you have any previous cases of DCI?

Emergency contact name:

Emergency contact tel:



**Fourth Staff Member**

Title:

Name:

Surname:

Date of birth:

ID/Passport no:

Class of diver:

Registration no:

Membership choice:           Diver (registered diver)  
  Supervisor  
  Learner Diver Non-diver support personnel

Are you in possession of either a DoL, HSE/IMCA or equivalent diving medical certification/are you declared fit for commercial diving?  
(Please attach confirmation)

Confirming doctor:

Doctor's tel:

Medical aid name:

Medical aid no:

Medical aid dependents?

Do you have any medical restrictions?  
(Attach details if yes)

Do you have any previous cases of DCI?

Emergency contact name:

Emergency contact tel:



**Fifth Staff Member**

Title:

Name:

Surname:

Date of birth:

ID/Passport no:

Class of diver:

Registration no:

Membership choice:           Diver (registered diver)  
  Supervisor  
  Learner Diver Non-diver support personnel

Are you in possession of either a DoL, HSE/IMCA or equivalent diving medical certification/are you declared fit for commercial diving?  
(Please attach confirmation)

Confirming doctor:

Doctor's tel:

Medical aid name:

Medical aid no:

Medical aid dependents?

Do you have any medical restrictions?  
(Attach details if yes)

Do you have any previous cases of DCI?

Emergency contact name:

Emergency contact tel:



**Sixth Staff Member**

Title:

Name:

Surname:

Date of birth:

ID/Passport no:

Class of diver:

Registration no:

Membership choice:           Diver (registered diver)  
  Supervisor  
  Learner Diver Non-diver support personnel

Are you in possession of either a DoL, HSE/IMCA or equivalent diving medical certification/are you declared fit for commercial diving?  
(Please attach confirmation)

Confirming doctor:

Doctor's tel:

Medical aid name:

Medical aid no:

Medical aid dependents?

Do you have any medical restrictions?  
(Attach details if yes)

Do you have any previous cases of DCI?

Emergency contact name:

Emergency contact tel:



## Seventh Staff Member

Title:

Name:

Surname:

Date of birth:

ID/Passport no:

Class of diver:

Registration no:

Membership choice:           Diver (registered diver)  
  Supervisor  
  Learner Diver Non-diver support personnel

Are you in possession of either a DoL, HSE/IMCA or equivalent diving medical certification/are you declared fit for commercial diving?  
(Please attach confirmation)

Confirming doctor:

Doctor's tel:

Medical aid name:

Medical aid no:

Medical aid dependents?

Do you have any medical restrictions?  
(Attach details if yes)

Do you have any previous cases of DCI?

Emergency contact name:

Emergency contact tel:





**Eight Staff Member**

Title:

Name:

Surname:

Date of birth:

ID/Passport no:

Class of diver:

Registration no:

Membership choice:           Diver (registered diver)  
  Supervisor  
  Learner Diver Non-diver support personnel

Are you in possession of either a DoL, HSE/IMCA or equivalent diving medical certification/are you declared fit for commercial diving?  
(Please attach confirmation)

Confirming doctor:

Doctor's tel:

Medical aid name:

Medical aid no:

Medical aid dependents?

Do you have any medical restrictions?  
(Attach details if yes)

Do you have any previous cases of DCI?

Emergency contact name:

Emergency contact tel:



**Ninth Staff Member**

Title:

Name:

Surname:

Date of birth:

ID/Passport no:

Class of diver:

Registration no:

Membership choice:           Diver (registered diver)  
  Supervisor  
  Learner Diver Non-diver support personnel

Are you in possession of either a DoL, HSE/IMCA or equivalent diving medical certification/are you declared fit for commercial diving?  
(Please attach confirmation)

Confirming doctor:

Doctor's tel:

Medical aid name:

Medical aid no:

Medical aid dependents?

Do you have any medical restrictions?  
(Attach details if yes)

Do you have any previous cases of DCI?

Emergency contact name:

Emergency contact tel:



**Tenth Staff Member**

Title:

Name:

Surname:

Date of birth:

ID/Passport no:

Class of diver:

Registration no:

Membership choice:           Diver (registered diver)  
  Supervisor  
  Learner Diver Non-diver support personnel

Are you in possession of either a DoL, HSE/IMCA or equivalent diving medical certification/are you declared fit for commercial diving?  
(Please attach confirmation)

Confirming doctor:

Doctor's tel:

Medical aid name:

Medical aid no:

Medical aid dependents?

Do you have any medical restrictions?  
(Attach details if yes)

Do you have any previous cases of DCI?

Emergency contact name:

Emergency contact tel:



## FEES & PAYMENT DETAILS

	SA Resident	Non-Resident
<b>Annual per diver</b>	R3550	R4880
<b>Monthly per diver</b>	R311	R422
<b>Bi-annual per diver</b>	N/A	N/A

### DAN Banking Details - Deposits or Transfers

(See next page for Monthly Debit Order Details)

Divers Alert Network

Bank: Nedbank

Branch: Braamfontein

Branch Code: 195005

Account no.: 1950508714

Type: Cheque

Please email the proof of payment, together with your application form to [mail@dansa.org](mailto:mail@dansa.org)

### Credit card details for payment

Name on card:

Card type:

(e.g. Visa, Master Card)

Expiry date:

CVV:

(Last three digits on the back of your card.)

Card no:



## **Banking details for monthly debit order payments**

**(NB! FNB Savings accounts can't be used)**

Name of account holder:

Bank name:

Branch name:

Branch code:

Account type:

Account no:

I/we hereby authorise Divers Alert Network to withdraw the monthly membership fee on the first working day of each month. This membership can only be cancelled after 12 months and Divers Alert Network must be informed in writing 90 days prior to the annual renewal date. In addition, I/we hereby acknowledge that the Company is liable for a full year's subscription per membership, i.e. R3550 (SA Resident) per annum per membership taken.

Name:

Surname:

Date: