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| **2018** |

***ANNUAL LEVY QUESTIONNAIRE***

For office use:

Levy Form Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Invoice No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Levy Payable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***PRIVATE AND CONFIDENTIAL***

***NOTE: LEVIES TERMS OF PAYMENT –***

***30 DAYS FROM INVOICE DATE***

|  |  |  |
| --- | --- | --- |
| Company Name |  | |
| Company VAT No. |  | |
| Company Registration No. |  | |
| Postal Address: |  | |
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|  | |
| Physical Address: |  | |
|  | |
|  | |
|  | |
| Owner/Manager Details |  | Cell |
| Tel No. |  | Fax No. |
| ID Number: |  | |
| Email |  | |
| Website link: |  | |
| ***Please remember to send your company logo for the SARMA website*** | | |
| **Accountant Details: Person responsible for payment of account once invoice has been sent to company:** | | |
| Name |  | |
| Contact Telephone |  | Fax No. |
| Email |  | |

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| How many plants/operations does your company have? |  |
| What were your total sales for the calendar year ended 31 December 2017 (m3)? Please note that these figures are treated as **HIGHLY CONFIDENTIAL** by the Director. **LEVY 30.22c/m3** |  |
| Number of Employees employed? |  |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Terms & Conditions of Membership**

* Levy Questionnaire to be returned to SARMA offices ([accounts@sarma.co.za)](mailto:accounts@sarma.co.za)) / fax: 086647796) by **end January 2018.**
* Members who re-join agree to remain a member for a full calendar year.
* Upon receipt of levy questionnaire, an **invoice** will be issued from the Sarma office for payment amount due.
* Proof of payment to be submitted to the Sarma offices (accounts@sarma.co.za) fax: 0866477967
* All Member plants to be audited as per the audit schedule that will be circulated. Member plants will not be audited until levy form and proof of payment have been received by the Sarma office. Please note that audits must be cancelled/postponed in writing 14 days prior to date of audit. Audits not cancelled/postponed will be subject to a 50% cancellation fee. Audits may only be cancelled or postponed once.
* Should your company no longer wish to continue with Membership of SARMA, a letter indicating such withdrawal from the Association should be sent to the SARMA office: johan@sarma.co.za
* Please complete the attached questionnaire and return to the office along with your levy form.
* For smaller operations, please note that a minimum annual levy of R11 863.09 (excl VAT) will be charged.
* Upon signing this levy questionnaire, you agree to participate in the Sarma surveys.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial Here

**UPDATE YOUR MEMBERSHIP PROFILE - 2018**

A complete and accurate profile not only ensures that the information sent out gets to the correct person in your company, but also ensures that only the relevant people get the info.

Please complete the below information and return with your levy questionnaire.

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**COMPANY’s FULL NAME**

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| **Do you charge a fee for any of the following? Please state Yes or No.** | | |
| Standing time | YES | NO |
| Return concrete | YES | NO |
| Testing/Strength results | YES | NO |
| Late Cancellations | YES | NO |

**LIST OF PLANTS, PHYSICAL ADDRESS, CONTACT PERSON (SHREQ)**

|  |  |  |  |
| --- | --- | --- | --- |
| **GAUTENG** | | | |
| **Plant Name** | **Physical Address** | **Responsible Person** | **Email Address** |
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| **Please answer the following with regards to your Trucks in the Gauteng region.** | | | |
| Number of 6m3 trucks? | |  | |
| Number of 8m3 trucks? | |  | |
| Number of loads per day? | |  | |
| Average age of trucks? | |  | |
| Average annual mileage? | |  | |
| Average haul distance? | |  | |
| % self-owned vs LOD? | |  | |
| **NORTH WEST** | | | |
| **Plant Name** | **Plant Name** | **Plant Name** | **Plant Name** |
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| **Please answer the following with regards to your Trucks in the North West region.** | | | |
| Number of 6m3 trucks? | |  | |
| Number of 8m3 trucks? | |  | |
| Number of loads per day? | |  | |
| Average age of trucks? | |  | |
| Average annual mileage? | |  | |
| Average haul distance? | |  | |
| % self-owned vs LOD? | |  | |
| **MPUMALANGA** | | | |
| **Plant Name** | **Physical Address** | **Responsible Person** | **Email Address** |
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| **Please answer the following with regards to your Trucks in the Mpumalanga region.** | | | |
| Number of 6m3 trucks? | |  | |
| Number of 8m3 trucks? | |  | |
| Number of loads per day? | |  | |
| Average age of trucks? | |  | |
| Average annual mileage? | |  | |
| Average haul distance? | |  | |
| % self-owned vs LOD? | |  | |
| **LIMPOPO** | | | |
| **Plant Name** | **Physical Address** | **Responsible Person** | **Email Address** |
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| **Please answer the following with regards to your Trucks in the Limpopo region.** | | | |
| Number of 6m3 trucks? | |  | |
| Number of 8m3 trucks? | |  | |
| Number of loads per day? | |  | |
| Average age of trucks? | |  | |
| Average annual mileage? | |  | |
| Average haul distance? | |  | |
| % self-owned vs LOD? | |  | |
| **FREE STATE** | | | |
| **Plant Name** | **Physical Address** | **Responsible Person** | **Email Address** |
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| **Please answer the following with regards to your Trucks in the Free State region.** | | | |
| Number of 6m3 trucks? | |  | |
| Number of 8m3 trucks? | |  | |
| Number of loads per day? | |  | |
| Average age of trucks? | |  | |
| Average annual mileage? | |  | |
| Average haul distance? | |  | |
| % self-owned vs LOD? | |  | |
| **KZN** | | | |
| **Plant Name** | **Physical Address** | **Responsible Person** | **Email Address** |
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| **Please answer the following with regards to your Trucks in the KZN region.** | | | |
| Number of 6m3 trucks? | |  | |
| Number of 8m3 trucks? | |  | |
| Number of loads per day? | |  | |
| Average age of trucks? | |  | |
| Average annual mileage? | |  | |
| Average haul distance? | |  | |
| % self-owned vs LOD? | |  | |
| **WESTERN CAPE** | | | |
| **Plant Name** | **Physical Address** | **Responsible Person** | **Email Address** |
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| **Please answer the following with regards to your Trucks in the Western Cape region.** | | | |
| Number of 6m3 trucks? | |  | |
| Number of 8m3 trucks? | |  | |
| Number of loads per day? | |  | |
| Average age of trucks? | |  | |
| Average annual mileage? | |  | |
| Average haul distance? | |  | |
| % self-owned vs LOD? | |  | |
| **EASTERN CAPE** | | | |
| **Plant Name** | **Physical Address** | **Responsible Person** | **Email Address** |
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| **Please answer the following with regards to your Trucks in the Eastern Cape region.** | | | |
| Number of 6m3 trucks? | |  | |
| Number of 8m3 trucks? | |  | |
| Number of loads per day? | |  | |
| Average age of trucks? | |  | |
| Average annual mileage? | |  | |
| Average haul distance? | |  | |
| % self-owned vs LOD? | |  | |
| **NORTHERN CAPE** | | | |
| **Plant Name** | **Physical Address** | **Responsible Person** | **Email Address** |
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| **Please answer the following with regards to your Trucks in the Northern Cape region.** | | | |
| Number of 6m3 trucks? | |  | |
| Number of 8m3 trucks? | |  | |
| Number of loads per day? | |  | |
| Average age of trucks? | |  | |
| Average annual mileage? | |  | |
| Average haul distance? | |  | |
| % self-owned vs LOD? | |  | |

**DETAILS OF TECHNICAL/QUALITY/STANDARD SPECIALISTS – TO SERVE ON TECHNICAL/QUALITY/STANDARDS COMMITTEE AND OVERALL MANAGEMENT OF THE SHREQ AUDIT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Position** | **Email** | **Cell** |
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**DETAILS OF HR/IR/TRAINING/EDUCATION SPECIALISTS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Position** | **Email** | **Cell** |
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**DETAILS OF INFLUENCERS/STAKEHOLDERS & IMAGE OF INDUSTRY/PR SPECIALIST**

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| --- | --- | --- | --- |
| **Name** | **Position** | **Email** | **Cell** |
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**DETAILS OF QMS (ISO 9001) SPECIALIST**

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| --- | --- | --- | --- |
| **Name** | **Position** | **Email** | **Cell** |
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**DETAILS OF TRANSPORT / OPERATIONS MANAGERS / SPECIALISTS**

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| --- | --- | --- | --- |
| **Name** | **Position** | **Email** | **Cell** |
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| **Please answer the following with regards to quality.** | |
| Average specified compressive strength ordered? |  |
| Average compressive strength attained through testing? |  |
| Testing frequency, eg: 1:100m3? |  |
| % Concrete rejected from site? |  |

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| --- | --- |
| **What training would you like SARMA to provide?** | |
| Batchers Training |  |
| Sales Training |  |
| Drivers Training |  |
| The Readymix Workshop |  |
| Other (Please Specify): |  |