



SOUTHERN AFRICAN POWER POOL

Membership Application Form

Please note: All Applicants are required to provide detailed information to the SAPP Coordination Centre in support of their application for membership. Application fees paid are non-refundable.

1. Applicant Name (Full Corporate Name)

A. Applicant is *(please tick appropriate category)*:

A corporation created under the laws of

A limited liability company created under the laws of

A state-owned enterprise created under the laws of

A partnership

Other. Please describe.

B. Date of incorporation/formation/organization:

C. Description of Applicant's business operations:

2. **Web Page Address:** _____

3. **Activities that Applicant is currently conducting**

- Generation
 - Transmission
 - Distribution
 - Load
 - Service Provider
 - Other (please describe)
-

4. **Generation**

A. Applicant's Generation

No Generation.

(i) Owns, or (ii) leases with rights equivalent to ownership, facilities for the generation of electric energy that are located in theControl Area.

Please indicate on a separate sheet of paper attached to this Questionnaire the following information for each such facility listed:

- i. Total Generation (Name-Plate Capacity);
- ii. Net Generation; and
- iii. Ancillary services to be provided.

B. Affiliate's Generation

No Generation.

Affiliate(s) (i) Own, or (ii) lease with rights equivalent to ownership, facilities for the generation of electric energy that are located in the SAPP area. Please indicate on a separate sheet of paper attached to this Questionnaire a list of Generation assets in the region, or owned by your Affiliates listed in Section VI

5. **Category Selection:**

Please indicate the category that you plan to join within the SAPP (*select only one*):

National Power Utility

Operating Member - Must also apply to sign the Agreement Between Operating Members (ABOM) and comply with its provisions including but not limited to the

Operating Guidelines. Please indicate the aggregate (in megawatts) for your generation facilities in each of the SADC countries.

Market Participant - Please indicate amount of generation or load that is not committed and will be made available for SAPP trading.

Conditional Membership for Market Participant - Please indicate amount of planned generation or load that is not committed and will be made available for SAPP trading.

6. Documentation and information required.

Applicants must submit the certified copies of the following documents with this application:

1. Description of corporate structure using a flow chart to include all parent and subsidiary relationships;
2. Applicant's ultimate corporate parent including address;
3. A list of all corporate Affiliates / subsidiaries of the applicant, including Affiliates /subsidiaries of your Affiliates/subsidiaries;
4. A list of any Affiliates / subsidiaries named above who are members of SAPP;
5. Certified copy of licence(s) or authorisation to engage in cross-border electricity trade issued by a regulator or competent authority /body;
6. Maps showing current and planned interconnection to the SAPP Grid; and
7. For applicants from non-SADC member states, certified copy of signed accession to the SADC Treaty and proof that any specified terms and conditions have been met.

7. Applicant Contact Information

For further information regarding this application: Contact(s) and Titles(s): Primary: _____ Alternate: _____		
Address – Street	City, State	Region or Country
Phone(s):	Fax #:	E-mail address:

Chief Executive Officer: Contact(s) and Titles(s): Primary: _____		
Address – Street	City, State	Region or Country
Phone(s):	Fax #:	E-mail address (s):

Evidence of Due Authorization: Applicants are required to provide one of the following: a certified copy of a vote of the applicant's board of directors, or such other body or bodies as may be appropriate, duly authorizing the submission of this application.

SAPP may choose to inspect facilities and hold discussion with the applicant. In the event that inspection is required, the cost thereof shall be borne by the applicant following consultations with the applicant.

Membership Application Fee: The SAPP shall set application fees annually and announce them before 30 April of each year.

Additional Questions: If you have any questions pertaining to the SAPP membership, to avoid any confusion or misinformation that could result from differing interpretations of questions and/or answers, please contact:

SAPP Coordination Centre Executive Director, Coordination Centre
24 Golden Stairs Road, P O Box EH52, Emerald Hill,
Harare, Zimbabwe
Tel: (263- 242 254241-6, +263 782 708 798/9

AFFIDAVIT

I, _____, being duly sworn, depose and say that:

1. I am _____ [insert OFFICER (or equivalent) TITLE] of _____ [insert APPLICANT NAME], and as a duly authorized representative of _____ [insert APPLICANT NAME] with the power and authority to execute contracts on behalf of _____ [insert APPLICANT NAME]; I am making this affidavit on behalf of [insert APPLICANT NAME].

2. I have reviewed the SAPP Membership Application Guidelines dated August 2019, as amended, and I fully understand and acknowledge _____ [insert APPLICANT NAME]'s financial obligations that could arise as a result of the application process.

I declare under the pains and penalties of perjury that I have reviewed this affidavit and the statements I have made in it and declare that they are true.

Name: _____

Title: _____

Company: _____

Address: _____

Subscribed to and sworn before me on this ____ day of _____, 20__.

Notary Public: _____

Signature of Applicant: _____
