**SOUTHERN AFRICAN INSTITUTE FOR BUSINESS ACCOUNTANTS (SAIBA)**

**Membership and Designation Application Form**

|  |
| --- |
| **Personal information**  |
| Designation Applied  | SAIBA Associate BA(SA) CBA(SA) CFO(SA)  BAP(SA)  |
| Full name |  |
| ID number |  |
| Gender |  |
| Race |  |
| Cell phone Number |  |
| Email Address |  |
| Are you currently registered with another professional body?  | Yes | No | If Yes Specify |
| Have you ever been removed as a member of a professional body or any other authority? | Yes | No | If Yes Specify |
| Have you ever been convicted of theft, forgery, or issuing a forged document?  | Yes | No | If Yes Specify |
| Are you currently being investigated by your professional body for misconduct ? | Yes | No | If Yes Specify |
| Are you an un-rehabilitated insolvent? | Yes | No |  |
| Have you at any time been removed from an office of trust on account of misconduct? | Yes | No | If Yes Specify |
| Is there any other information relating to your professional conduct of which SAIBA should be aware? | Yes | No | If Yes Specify |
| Do you support, share and bind yourself to the SAIBA code of conduct and I declare that I am in need for continuing professional development (CPD) | Yes | No |  |
| I undertake to commit to a process of lifelong learning as required by SAIBA | Yes | No |  |
| Do you commit to paying your fees before end of July or January , as the case may be, per debit order each year? | Yes | No |  |

**Applicant:** I confirm that the completed application form is honest & accurate self-appraisal of my achievements and competencies.

Signature of Applicant .....................................................................

Name .....................................................................

Date ..................../......................../.........................