

SOUTHERN AFRICAN INSTITUTE FOR BUSINESS ACCOUNTANTS (SAIBA)

CORPORATE MEMBERSHIP APPLICATION FORM 2021

<b>COMPANY DETAILS:</b>	
COMPANY REGISTRATION NUMBER:	
COMPANY NAME:	
PHYSICAL ADDRESS:	
POSTAL ADDRESS:	
TELEPHONE NUMBER:	EMAIL ADDRESS:
INVOICE CONTACT PERSON:	ANNUAL TURNOVER:
NO. OF EMPLOYEES:	TYPE OF BUSINESS:

**MAIN REPRESENTATIVE DETAILS:**

POSITION:		
TITLE:	SURNAME:	
FIRST NAMES:		
IDENTITY/PASSPORT NUMBER:		
TELEPHONE NUMBER:	FAX NUMBER:	
EMAIL ADDRESS:	CELL NUMBER:	

LIST OF EMPLOYEES  (EMPLOYEE NAME)	IDENTITY/PASSPORT NUMBER	POSITION	YEARS OF EXPERIENCE IN FINANCE	HIGHEST QUALIFICATION	DESIGNATION APPLIED:  Associate Member BA(SA), BAP(SA), CBA(SA) CFO(SA)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

**Note:** All Individuals applying for membership will be listed as Associate Members until the application for designation has been approved

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

Signature of Applicant .....

Name .....

Date .....