

APPLICATION FOR ASSOCIATE MEMBERSHIP 2019

(All application forms to be submitted to bukiwe@savca.co.za)

1. COMPANY DETAILS			
Company name in full:		Registration no.:	
Postal address:		Telephone no.:	
		Fax no.:	
Physical address:		Website address:	
Contact person (One name only):		Title:	
Email:			
Number of full-time staff		VAT Number:	
All Partners/Directors (Max. 6 names):			
1)			
First name:	Surname:	Email:	
2)			
First name:	Surname:	Email:	
3)			
First name:	Surname:	Email:	
4)			
First name:	Surname:	Email:	
5)			
First name:	Surname:	Email:	
6)			
First name:	Surname:	Email:	

2. TYPE OF ORGANISATION	
<p>Finance / Investment</p> <p><input type="checkbox"/> Bank</p> <p><input type="checkbox"/> Institutional Investor</p> <p><input type="checkbox"/> Investment / Merchant Bank</p> <p><input type="checkbox"/> Stockbroker</p> <p><input type="checkbox"/> Placement Agent</p> <p><input type="checkbox"/> Incubator</p> <p><input type="checkbox"/> Insurance Company</p> <p><input type="checkbox"/> Pension Fund</p> <p><input type="checkbox"/> Other Savings Institution</p> <p><input type="checkbox"/> Other</p>	<p>Advisory / Professional</p> <p><input type="checkbox"/> Accounting / Auditing Firm</p> <p><input type="checkbox"/> Association</p> <p><input type="checkbox"/> Business School</p> <p><input type="checkbox"/> Consulting / Advising Firm</p> <p><input type="checkbox"/> Law Firm</p> <p><input type="checkbox"/> Publishing / Research Firm</p> <p><input type="checkbox"/> Other (Please specify)</p>

3. MEMBERSHIP FEES

The membership fees for Associate Membership are as follows:

A1: More than 10 Professionals: R 16 880,58 per annum (excluding VAT)

A2: Fewer than 10 Professionals: R 10 721,85 per annum (excluding VAT)

Membership fees are payable annually in advance for the calendar year January to December.

Members wishing to cancel membership must give at least one month's notice prior to 1 January.

a. Please motivate reasons for wanting to become member of SAVCA

b. Where did you find out about SAVCA?

Do you hold an FAIS license with the Financial Sector Conduct Authority (FSCA)?

c.

References

Name and company	Email address
1.	
2.	

We hereby confirm that we have acquainted ourselves with the SAVCA Memorandum and Articles of Association and Code of Conduct and agree to:-

1. Abide by the SAVCA Memorandum and Articles of Association and Code of Conduct;
2. Complete the questionnaire for the Annual SAVCA Survey; and
3. Comply with SAVCA's Valuation and Reporting Guidelines.

Signature _____ Date ____/____/20

Name _____

Title _____

The Memorandum and Articles of Association and Code of Conduct available on the Website:
www.savca.co.za