

APPLICATION FOR ASSOCIATE MEMBERSHIP 2022

(All application forms to be submitted to marija@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 19 541,38 per annum (excluding VAT)

A2: Fewer than 10 Professionals: R 11 889,87 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? _____

c. Do you hold a FAIS license with the Financial Sector Conduct Authority (FSCA)? _____

d. References

(Please provide two references who SAVCA will contact directly. One reference must be a SAVCA full member. One reference can be a SAVCA associate member.)

Name and company	Email address
1.	
2.	

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

1. Abide by the [SAVCA Memorandum of Incorporation](#) and [Code of Conduct](#);
2. Complete the questionnaire for the Annual SAVCA Survey; and
3. Comply with SAVCA's Valuation and Reporting Guidelines.
4. Cancellation of SAVCA membership is one months' written notice, upon receipt of the cancellation. Cancellation should be emailed to marija@savca.co.za . Any outstanding fees would need to be settled.

We hereby confirm that:-

1. The information provided to SAVCA in this application form is truthful.
2. The applicant's membership of SAVCA is subject to the information included in this application form and may be reconsidered at any time should the information be found or reasonably suspected to be untrue.
3. SAVCA may, and is hereby authorised to, independently verify, by whatsoever means necessary including through third party service providers, any information relating to the applicant, whether such information is included in this application form or otherwise. Such verifications shall be conducted in accordance with SAVCA's Protection of Personal Information Act (POPIA) policy.

Signature _____ Date ____/____/22

Name _____

Title _____

The Memorandum of Incorporation and Code of Conduct are available on the website:
www.savca.co.za