

APPLICATION FOR ASSOCIATE MEMBERSHIP 2024

(All application forms to be submitted to luyanda@savca.co.za and thakane@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 (Please specify)</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: R21 339.19 per annum (excluding VAT)

A2: Fewer than 10 Professionals: R12 983.73 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)? _____.

If yes kindly provide your FSP number: _____

- d. As an associate member applicant how is the entity going to satisfy the MOI conditions around the private equity industry

- e. If your response to the above was no kindly explain why.

- f. References - **please note the following:**

- Please provide us with a motivational letter giving an overview on why you want to be a SAVCA member.
- Please provide two SAVCA references who SAVCA will contact directly.
- One reference must be from a SAVCA Full member. One reference can be from an Associate member.
- Referees need to be informed by yourself that SAVCA will be contact them with regards to a reference.

Referee Name and company	Referee 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 the following: -

1. Abide by the [SAVCA Memorandum of Incorporation](#) and [Code of Conduct](#);
2. Contribute to the Assets of SAVCA in the event of liquidation as required in terms of the SAVCA

- Memorandum of Incorporation, limited to an amount of R 1.00;
3. Participate in completing relevant SAVCA Surveys;
 4. Comply with SAVCA's Valuation and Reporting Guidelines;
 5. Cancellation of SAVCA membership is one months' written notice, upon receipt of the cancellation. Cancellations should be emailed to mandlakazi@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 ____/____/24

Name _____

Title _____

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