



SOUTHERN AFRICAN INSTITUTE FOR BUSINESS ACCOUNTANTS

Membership and designation application form*

SECTION 1

Please select your membership type

SAIBA member only (R360 pa)	
SAIBA member and designation Business Accountant (R1460 pa)	
SAIBA member and designation Business Accountant in Practice (R2860 pa)	

SECTION 2

Personal information

Title	
Full name	
Suffix	
Your ID number	
Phone	
Mobile	
Email	
Postal address	

SECTION 3

Are you a full member of any of the following professional bodies?			
SAICA		ACCA	
SAIPA		CIMA	
IAC		SAIGA	
ICSA		Other (please specify)	
ICB			
SAIT			
What is your membership number(s)			
Have you ever been removed as a member of a professional body?	Yes	No	Specify:
Have you ever been convicted of theft, forgery, or issuing a forged document?	Yes	No	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	
Do you support and bind yourself to the SAIBA code of conduct as contained in the SAIBA Member Handbook?	Yes	No	
Do you commit to paying your fees before end of July each year?	Yes	No	

I hereby apply for SAIBA membership and/or designation

Name _____ Signature _____ Date _____

* We will contact you to obtain additional information prior to approving membership and allocating a designation. Full membership and designation criteria available at www.saiba.org.za