

CHARTERED INSTITUTE FOR BUSINESS ACCOUNTANTS (CIBA)

CORPORATE MEMBERSHIP APPLICATION FORM

COMPANY DETAILS:	
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:

CHARTERED INSTITUTE FOR BUSINESS ACCOUNTANTS NPC 1990/005364/08

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w: saiba.org.za | saiba.academy.co.za | accountingweekly.com | cfoclub.co.za

PRETORIA: The Workspace, Corner Pinaster Avenue & 18th Street, The Club Shopping Centre, Hazelwood

CAPE TOWN: Spaces Century City, No. 1 Bridgeway Road, Bridgeways Precinct, Century City 7441

NAMIBIA: Regus Office Building, 3rd Floor, Maerua Mall, Windhoek

PHILIPPINES: IAFEI Secretariat, FINEX Office, Unit 1901, 19/F, 139 Corporate Centre Valero Street, Salcedo Village



LIST OF EMPLOYEES (EMPLOYEE NAME)	IDENTITY/PASSPORT NUMBER	POSITION	YEARS OF EXPERIENCE IN FINANCE	HIGHEST QUALIFICATION	DESIGNATION APPLIED: Associate Member, CBK, CFAdmin, BA(SA), BAP(SA), CBA(SA) CFO(SA)
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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