**Accreditation of Public Event Sponsored / Endorsed by SAIBA**

**APPLICATION FORM**

1. **Applicant Details**

|  |  |
| --- | --- |
| **Name of the Institution** |  |
| **Registration no** |  |
| **Authorised contact person** | Name: |
| Position: |
| Telephone: |
| Cell Phone: |
| Email: |
| **Alternative contact** | Name: |
| Position: |
| Telephone: |
| Cell Phone: |
| **Physical Address** |  |
| **Postal Address** |  |
| **Website** |  |

1. **Event Details**

|  |  |
| --- | --- |
| **Event Name** |  |
| **Event Time** |  |
| **Event duration** |  |
| **Event Type (Online/In-venue)** |  |
| **Free or Entrance Fee** |  |
| **Short description**  |  |
| **Clearly specify the target audience** |  |
| **Has the event been run before?** | YES/NO |

1. **Event Programme**

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1. **Event Presenters**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name**  | **Surname** | **Designation/Job Title** | **Topic Presenting** | **Years’ experience in field** |
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1. **List of other sponsors involved.**

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1. **Required**

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| --- | --- |
| **Endorsement** | YES/NO |
| **Financial Contribution from SAIBA** | YES/NO – if yes, specify amount |
| **Financial Contribution to SAIBA** | YES/NO – if yes, specify amount |
| **Administration support requested from SAIBA** | YES/NO |
| **Marketing by SAIBA** | YES/NO |
| **Publication requests** | ACCOUNTING WEEKLY / CFO TALKS |
| **Other**  |  |

1. **CPD**

|  |  |
| --- | --- |
| **Are you requesting CPD to be awarded?** | YES/NO |
| **Type of CPD** | Verifiable or Non-verifiable (Verifiable CPD requires an assessment) |
| **If yes, how many units** |  |
| **Who will issue the certificate** | SAIBA Academy/Applicant |

1. **Application Fee**

An application fee applies: R 350.00

Proof of payment should be submitted with the application form.

Applicable fees after approval of endorsement will be confirmed after review of the information provided.

|  |  |  |
| --- | --- | --- |
| **Endorsement** | **Financial Contribution from SAIBA** | **Financial Contribution to SAIBA** |
| **R 0.00** | **R 0.00** | **R 0.00** |

SAIBA Banking details

SAIBA Academy

Bank: ABSA

Account No: 93-6258-6309

Branch Code: 632-005

Ref: Event Account & Company Name

Institution Banking details (to be completed in Financial Contribution is requested)

Institution Name:

Bank:

Account No:

Branch Code:

Ref:

1. **Declaration**

I hereby declare that I am authorised to submit this application on behalf of the institution.

I hereby declare that the information and documentation submitted is true and correct and free from misstatements.

I declare that the Institution, it’s representatives and presenters will abide to the principles as set out in SAIBA’s:

* Transformation Policy
* CPD Policy
* Standards of CPD Programs.

as available on saiba.org.za.

I declare that should the application be successful, marketing material relating to the event should be approved in writing by SAIBA’s Head of Marketing and SAIBA’s CEO.

I declare that should the application be successful, the final participant register, and attendance register will be provided to SAIBA within 48 hours of the event at saiba@saiba.org.za.

NAME:

DATE:

SIGNATURE:

After the document is completed, each page must be initialled, and the document signed. Please forward the document and the proof of payment to saiba@saiba.org.za, academy@saiba.org.za and marketing@saiba.org.za.

A confirmation letter from SAIBA will serve as proof of a successful application. No verbal confirmation will be accepted.