



Membership Application form

Please complete this form and return it to:

membership@saiqi.org.za

Notes

- Applications can take up to 2 weeks to process.
- Correspondence with you will mainly be by email. Please ensure that your email address is clearly legible.
- All sections of this form must be completed in full. Failure to do so will result in your form being returned to you.
- Please send the completed email with proof of the application fee of \$45 using your name as reference.
- Please do not make payment of the Membership fee until your membership is approved and you have received communication confirming your acceptance.

Please **TYPE** all your details in this form where possible, but note that all signatures must be handwritten.

Section 1 – Applicant details

Type of Membership.

Student \$ 25 Membership fee

Organisation Membership

Affiliate \$ 55

> \$ 150 000

\$120

Professional \$ 100

\$ 150K - \$400K.....

\$230

\$ 400K

\$450

> \$ 1m

\$1000

Personal details (Individual)

Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/>	Other (please specify)
First name	Middle name(s)	
Last name		
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say <input type="checkbox"/>	
Date of birth	D D / M M / Y Y Y Y	
Identity Document No:		
Your qualifications - please give the qualifications you wish to appear on your records (e.g. BA, BSc)		

Personal details (Organisation)							
Type	Private <input type="checkbox"/> Public <input type="checkbox"/> State Department <input type="checkbox"/> NGO <input type="checkbox"/> Other <input type="checkbox"/>				Other (please specify)		
Name:							
Registration No.							
Date of registration	D <input type="text"/> <input type="text"/>	D <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/>	Y <input type="text"/>	Y <input type="text"/>	Y <input type="text"/>
Country of registration:							

Address details

Correspondence with you will mainly be by email. Please ensure that your email address is clearly legible.

Current residential address							
Address							
Postal city/town				Postcode			
County				COUNTRY			
Telephone number	Country code		Area/City code		Number		
Mobile number	Country code		Area/City code		Number		
email address (please print very clearly)	<input type="text"/>						
	<input type="text"/>						

Current employment address							
If you are currently unemployed please tick here							<input type="checkbox"/>
Company name							
Position/Job title				Department			
Company address							
Postal city/town				Postcode			
County				COUNTRY			
Telephone number	Country code		Area/City code		Number		
Mobile number	Country code		Area/City code		Number		
Work email address (please print very clearly)	<input type="text"/>						
	<input type="text"/>						

For those who are employed you must tick the appropriate box below to indicate your Employer type, your Main work area and your Specialist work area for Organisation please select the industry of operations

Please only tick one box per section

Section 2 – Education and qualifications

Please give your full education history with the qualifications awarded.

You must provide proof of all qualifications with your application. To do so you must provide **certified copies** of education certificates for all examinations detailed below.

University education				
Level	Honours Degree <input type="checkbox"/>		Ordinary Degree <input type="checkbox"/>	
Grade	1 st <input type="checkbox"/>	2.1 <input type="checkbox"/>	2.2 <input type="checkbox"/>	3 rd <input type="checkbox"/>
University attended				
Subject studied				
Date of graduation				

Level	Doctorate <input type="checkbox"/>	Masters <input type="checkbox"/>	Postgraduate diploma <input type="checkbox"/>
University attended			
Subject studied			
Date of graduation			
School education			
School attended	A level (or High School equivalent):		Grade

(give full name and town)	Subject name		achieved

Other examinations and professional qualifications

Please complete this section for professional certificates/diplomas

Institute

Subject	Result	Date

Other professional qualifications

Please give details of any other professional qualifications that you have gained

Professional association	
Qualification gained	
Date of graduation	

Professional association	
Qualification gained	
Date of graduation	

Section 3 – Method of payment

Please read these notes before arranging payment for your membership application

You must complete all information in the relevant section. We will send and invoice after admission for membership fees.

SAIQI™ accept no responsibility for any loss or interception of this information during transmission by any medium.

No application will be processed without proof of application fee

The application fee must accompany this application. Applications submitted without the necessary fees will not be processed and will be returned.

	Full rate	Reduced rate*	
Entrance fee	\$50.00	\$45.00	This is a one-off payment payable on initial application.

Annual subscription	Per membership category	Per membership category	This is due in full on entry regardless of date. Future subscriptions are then due annually on 1 October each year.
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Payment details

Please read the notes on the previous page and ensure that you pay the correct fee

You must ensure that any bank charges are paid at the time of transfer, otherwise we will not receive the full payment. If the correct payment is not received, your application will be delayed until we receive the outstanding balance.

<input type="checkbox"/>	Bank transfer	\$	Please enter the total amount of Bank transfer. A remittance advice MUST accompany this form as proof of your payment.	
Account name		South African Institute of Quality and Innovation	Bank Branch Code	256755
Account number		62762316266	Bank name	First National Bank
SWIFT		FIRNZAJJ	Bank address	FIRST NATIONAL BANK (FNB) - NORTHGATE PO BOX 6, NORTH RIDING, 2162
Please enter Bank transfer payment reference. Your reference should include your Date of birth – Fullname				Eg: 30/09/1990 – Sam Mod

Section 4 – Referees' declaration

Name of applicant (BLOCK CAPITALS)

This section must be signed by two referees.

- All applicants are required to have their application form signed by two referees.

Referees should note that we may use the information on this page to contact the Referee to verify the information provided.

First referee

I have known the applicant for at least two years and, to the best of my knowledge and belief, consider him/her to be a fit and proper person to be a student of the Institute and Faculty of Actuaries.

Name (BLOCK CAPITALS)		Occupation	
Address			
Email address			
Signature		Date	

Second referee

I have known the applicant for at least two years and, to the best of my knowledge and belief, consider him/her to be a fit and proper person to be a student of the Institute and Faculty of Actuaries.

Name (BLOCK CAPITALS)		Occupation	
Address			

Email address		
Signature	Date	

Section 5 – The applicant's declaration

This section must be signed by applicant

Before signing this declaration, you are strongly advised to read the pledge.

Together as a community we commit to service excellence reflected in the pledge we make to our clients and each other to provide and inspire high professional quality services and to assure that we deliver outstanding value to our clients. The following principles form our Service Excellence Pledge:

Advocacy – We pledge to be the advocates of quality, excellence and innovation in Africa;

Collaboration – We pledge to collaborate with our clients to develop strategic approaches that meet their needs. We also pledge to collaborate across the continent to provide and promote a model of excellence that embraces the African values;

Contribution – We pledge to create positive change in our communities and give of ourselves in advancing the quality, excellence and innovation agenda in the continent;

Collegiality – We pledge to foster an enjoyable working environment, based on open communication and mutual respect, and will encourage initiative, innovation, teamwork, and loyalty;

Diversity – We pledge to create initiatives and opportunities and grow our diverse networks to have a wide variety of experiences, perspectives, and insights.

Evaluation – We pledge to evaluate our performance, especially our client service, using methods such as interviews and surveys. Our established practices allow us to benchmark efficiencies to test our performance of these service excellence principles and continuously improve our performance standards.

Innovation – We pledge to actively listen and learn about our clients' businesses and industries and identify client needs, concerns, and opportunities. By understanding and anticipating the changing needs of our clients, we can develop creative strategies to adapt our services with those needs.

Work Ethic – We pledge to hold each other accountable to these principles above as well as the mission of our membership and for the work ethic necessary to maintain them. We will embody the standards of competence, professionalism, and integrity and we will cultivate the trust and respect of our clients and colleagues.

Name (BLOCK CAPITALS)		
Signature	Date	

Please complete the following	
I have enclosed certified copies of all education certificates referred to in the application	<input type="checkbox"/>
I have submitted proof of payment for application fees	<input type="checkbox"/>
I have signed and dated the applicant's declaration	<input type="checkbox"/>