



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

Affiliate \$ 55

Professional \$ 100

Organisation Membership

- > \$ 150 000 \$120
- \$ 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	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td></td><td><input type="text"/></td><td><input type="text"/></td><td></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>			D	D	/	M	M	/	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Identity Document No:																							
Your qualifications - please give the qualifications you wish to appear on your records (e.g. BA, BSc)																							

(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 an 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"/>