

WHERE DID YOU HEAR OF SAIPA?

- Word of mouth/presentation
- Television
- Radio – Please stipulate which station _____
- Social Media – Please stipulate which platform (Facebook/Twitter/Linkedin) _____
- Other – Please stipulate _____

Applicant Signature _____ Date

YYYY	MM	DD
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8. SUBMISSION CHECKLIST

Applicant to provide:

- Application to write Professional Evaluation
- Certified copy Identity Document
- Certified copy of degree and academic record from University, stating subjects passed
(only official record accepted – not those downloaded from the Internet)
- Proof of completion of SAIPA Learnership (if applicable) OR
- Proof of completion of other Professional Body Learnership OR
(only those recognised by SAIPA will be considered)
- Proof of 6 year’s verifiable experience, to be set out on your company’s letterhead
- Proof of payment – application fee

PLEASE NOTE: Applications take 6 weeks from receipt to process

Payments can be made to the following banking details:

Bank: FNB
 Branch: Killarney
 Branch Code: 256 205
 Account Number: 620 945 72487
 Swiftcode: FIRNZAJJ950

- Fees are listed on the SAIPA website – www.saipa.co.za
- Please use your trainee number as reference (if applicable) or your surname and initials
- Please note that administration fees are non-refundable

PLEASE NOTE: Emailed applications will be accepted provided that the original documents are posted, or delivered, to the address below.

Please forward all relevant certified documents with this application form, to any one of the following addresses:

EMAIL:
members@saipa.co.za

POST:
Attention: Membership Administrator
 SAIPA
 PO Box 2407
 Halfway House
 1685

HAND/COURIER DELIVERY:
Attention: Membership Administrator
 SAIPA
 Howick Close
 Waterfall Park
 Vorna Valley, Midrand
 1685

APPLICATION FOR MEMBERSHIP



Application is hereby made: *(Please select)*

- To write the Professional Evaluation To become a member of SAIPA

Note: This application form is to be completed in ink (not pencil)
 Please clearly mark selection boxes with ✓ a to prevent miscommunication
 Please use block letters.
 Any corrections must be clearly indicated and signed.

1. PERSONAL PARTICULARS

Surname

First Name

Title (Mr/ Mrs/ Other) Gender

Identity Number

Student/Member Number
(if applicable)

Please attach certified copy of Identity Document

Physical Address

 Postal Code

Postal Address

 Postal Code

Tel No Work () Fax No ()

Tel No Home () Cell No ()

E-Mail

Home Language English Afrikaans Other (specify)

Employment Equity Profile Black Coloured Indian White Other (specify)

Are you a South African Citizen Yes No If no, specify

Disability* Yes No If yes, specify

NB: If no, attach documentation indicating your status (e.g. Permanent Residence, Study Permit, etc)

* The Employment Equity Act 55 of 1998 defines a disability as a long-term or recurring physical or mental impairment which substantially limits prospects of entry into, or advancement in employment

2. SPECIAL NEEDS

Do you have any medical or other condition requiring special accommodation during the writing of the Professional Evaluation?

Yes No If yes, specify

Kindly motivate as to what special requirements could be made in order to accommodate your needs?

Please attach a signed letter from your specialist, supporting the above

3. ACADEMIC QUALIFICATIONS

Highest Tertiary Qualification

Name of Institution

Name of Degree/ Diploma

Years of Attendance From To

NB: The Institute requires you to have completed a Degree with the following subjects:

- Financial Accounting 3
- Taxation 1
- Auditing 1/ Internal Auditing 2/ Internal Control and Code of Ethics
- Corporate Law 1/ Commercial Law 2
- Management Accounting

Please provide proof of completion of these subjects – a certified copy of your certificate as well as a certified copy of your academic record is required, listing the subjects you have successfully completed. Downloaded academic records from the University websites, are not accepted.

4. PARTICULARS OF CURRENT EMPLOYER

Current Employer

ATC Number if applicable*

* Applicable only to those applicants who completed the SAIPA Learnership

5. EXAMINATION VENUE

Please select your preferred examination venue from the list below:

<input type="checkbox"/> Eastern Cape (Port Elizabeth)	<input type="checkbox"/> Freestate (Bloemfontein)
<input type="checkbox"/> Kwa-Zulu Natal (Durban)	<input type="checkbox"/> Gauteng (Midrand)
<input type="checkbox"/> Limpopo (Polokwane)	<input type="checkbox"/> Mpumalanga (Nelspruit)
<input type="checkbox"/> North West Province (Potchefstroom)	<input type="checkbox"/> Northern Cape (Kimberley)
<input type="checkbox"/> Western Cape (Cape Town)	Suggested Alternative Venue <input type="text"/>

Kindly note that SAIPA reserves the right to cancel any proposed venue – notification will be sent accordingly in order for you to select an alternative

6. TERMS AND CONDITIONS OF THE SAIPA PROFESSIONAL EVALUATION

APPLICATION PROCESS

- Applications will only be processed on full receipt of the required documentation as stipulated in this application form.
- A non-refundable administration fee must be paid.
- Email applications will be accepted provided that the original application and certified copies of attachments as listed above are posted to the Institute.
- SAIPA reserves the right to refuse application should the applicant not have met the minimum requirements of SAIPA membership, as stipulated from time to time.
- Cancellation within 2 weeks of the examination will result in the full Professional Evaluation fee being forfeited.

EXAMINATION PROCESS

- The Professional Evaluation is a 4 hour closed book examination – no books or material will be permitted in the examination venue.
- Candidate is to provide their own stationery, including, but not limited to:
 - o Black Pen
 - o Pencil with sharpener
 - o Eraser
 - o Calculator
 - o Ruler

EXAMINATION MISCONDUCT

- Candidates found to be dishonest in the writing of their Professional Evaluation will immediately be asked to hand over the exam paper, as well as any evidence of their dishonest conduct.
- The candidate and any witnesses will be asked to sign a report compiled by the invigilator, which will be submitted to the SAIPA head office, for consideration and further action, and the candidate runs the risk of being barred from the Institute should the investigation prove that the candidate was guilty of misconduct.

MARKING AND RELEASE OF RESULTS

- The outcome of the examination will be released to candidates individually and in writing, no later than 8 weeks following the writing of the exam.
- Successful candidates will be listed on the SAIPA website.
- The candidate has a right to appeal against the assessment of the Professional Evaluation. Kindly refer to the Appeals Application form for further detail on the process.
- SAIPA does not permit the viewing of candidate scripts once the script has been handed in.

7. UNDERTAKING BY CANDIDATE

I, _____ (full name)

the undersigned wish to apply to write the Professional Evaluation in order for me to qualify as a full member of the South African Institute of Professional Accountants (SAIPA).

I agree that I have read and understood the abovementioned terms and conditions as well as the SAIPA Code of Conduct and Bylaws, and I am fully aware of my expected conduct should I qualify as a full member of SAIPA.

I am further aware that SAIPA has a stringent disciplinary process should my conduct be against the SAIPA Code of Conduct.

ACCESS TO INFORMATION

Kindly select one of the following:

I wish to allow for my name and contact details as member of the Institute to be readily available to the general public

I wish to restrict access to my name and contact details to the staff of SAIPA only