



Formerly Chartered Secretaries Southern Africa

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## PRACTISING CERTIFICATE APPLICATION FORM

### PERSONAL DETAILS

Title (Mr/Mrs/Miss/Ms/Other)  Qualifications (ACG/FCG/Other (specify))

Membership number

ID

First names  Surname

#### Registered Tax Practitioner?

Yes  No  Number

Please attach SARS tax clearance certificate.

### PRACTICE DETAILS

Name of practice

Physical address

Code

Postal address

Code

Phone  Fax

Cell phone  Email

#### Size of practice

Up to 10 Clients  11 to 50 Clients  51 to 100 clients  More than 100 Clients

## PRACTICE DETAILS *(continued)*

### Services offered

- |                          |                                     |                          |                                       |
|--------------------------|-------------------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Accounting/bookkeeping              | <input type="checkbox"/> | Taxation consulting                   |
| <input type="checkbox"/> | Sectional title schemes             | <input type="checkbox"/> | Business start-up and registration    |
| <input type="checkbox"/> | Management consulting               | <input type="checkbox"/> | Risk management and insurance         |
| <input type="checkbox"/> | Payroll services                    | <input type="checkbox"/> | Human resources consulting            |
| <input type="checkbox"/> | Estate administration               | <input type="checkbox"/> | Trust administration                  |
| <input type="checkbox"/> | Listed company secretarial services | <input type="checkbox"/> | Unlisted company Secretarial services |

### Are you an accounting officer for:

- |                          |                    |                          |         |                          |               |                          |                         |
|--------------------------|--------------------|--------------------------|---------|--------------------------|---------------|--------------------------|-------------------------|
| <input type="checkbox"/> | Close corporations | <input type="checkbox"/> | Schools | <input type="checkbox"/> | Micro lenders | <input type="checkbox"/> | Sectional title schemes |
| <input type="checkbox"/> | Other (specify)    | <input type="text"/>     |         |                          |               |                          |                         |

### Continuing Professional Development

Please record your CPD hours online on our web [www.chartsec.co.za](http://www.chartsec.co.za)

Remember to read and adhere to the "Code of Conduct".

### Would you be interested to serve on the Professional Practice Group committee?

- Yes  No

## PROTECTION OF PERSONAL INFORMATION (PoPI)

### Permission to use your personal information

By agreeing to the terms of this information form and by ticking this box, I hereby voluntarily authorise CGISA to process my personal information (including my name, email address, physical address, telephone numbers and any other information I have provided to CGISA). Processing shall include the receipt, recording, organising, collation, storage, updating or modification, retrieval, alteration, consultation, use; dissemination by means of transmission, distribution or making available in any other form; or merging, linking, as well as blocking, degradation, erasure of destruction of information. This consent is effective immediately and will endure until the relationship between CGISA and the data subject has been terminated.

**Should any of your details change, please notify us of same so that our records are as accurate as possible.**

### Consent to receive CGISA information

- By agreeing to the terms of this consent form and by ticking this box, I expressly consent to the processing of my information for CGISA communication purposes and know and understand that by agreeing to same that I may receive communication in the form of emails and the like from CGISA.

For more information please see CGISA's privacy policy, which can be accessed here:

<https://www.chartsec.co.za/documents/CGISA%20privacy%20policy.pdf>

## PAYMENT OPTIONS AND BANKING DETAILS

### Payment options

- Electronic Funds Transfer (EFT)
- Direct deposit into the CGISA's bank account
- Card Payment at CGISA's office with physical card
- Online payments via the CGISA's online portal – you have to log in as a member or student to process payment

### Banking details

Account name: The Chartered Governance Institute of Southern Africa

Standard Bank Killarney

Branch code: 051001

Current account: 002898608

Please submit proof of payment together with the form where applicable