



APPLICATION FORM – 2024

<input type="checkbox"/>
<input type="checkbox"/>

Individual Associate Membership
Corporate Membership

- R 271.40 including VAT
- R 1 597.35 including VAT

Please note: Membership is an annual subscription valid from January to December each year and should you wish to join later in the year your fee will be worked out on a pro-rata basis. Membership gets renewed automatically in January and should you wish to no longer be a member, please e-mail your written cancellation through to reception@fpasa.co.za.

Name of Company: _____

VAT Reg. Number – (Legal Requirement) _____

Nature of Business: _____

Recipient's Name: _____

Recipient's designation: _____

Postal Address: _____

Code: _____

Street Address: _____

Code: _____

Telephone: (()) _____ Mobile No.: (()) _____

e-mail: _____

EFT/Direct Deposit: R _____ Proof of payment attached.

NB! Please note that certificates will only be issued after 10 working days from receipt of proof of payment and clearance from the bank.

Invoicing/Billing _____

Details: _____

Postal Address: _____

Contact Person: _____

Designation: _____

Signature: _____ Date: _____

Banking Details:

Bank: First National Bank Account No: 556 300 15458
Branch & Bank Code: North Rand Road 252605 Account type: Cheque Account

Please e-mail proof of payment to our Accounts Department: accounts@fpasa.co.za & reception@fpasa.co.za.

Note: Customers must use their company name or recipient name as the reference when paying your account. We may be unable to assign customer payments if it is not utilized or is an erroneous number. We reserve the right to absorb any monies that cannot be allocated or for which proof of payment has not been received at the conclusion of the fiscal year.

Please submit the following documents with your application form:

Company Registration Certificate	<input type="checkbox"/>	Tax Clearance Certificate	<input type="checkbox"/>
Vat Certificate	<input type="checkbox"/>	Certified ID documents of Director/Owner(s)	<input type="checkbox"/>
Bank Confirmation Letter (not older than 3 months).	<input type="checkbox"/>	Municipal Account	<input type="checkbox"/>

How did you hear about us? _____

Reason for joining? _____

Disclaimer

By completing this application form you hereby acknowledge that you have read and accepted the Protection of Personal Information (POPI) disclaimer. FPASA shall take all reasonable measure to protect the personal information of candidates/applicants and for the purpose of this disclaimer "personal information" shall be defined as detailed in the Promotion of Access to Information Act, Act 2 of 2000 ("PAIA") and the Protection of Personal Information Act, Act 4 of 2013 ("POPI").

According to these definitions, personal information refers to information that relates to you specifically, such as your name, age, gender, identity number, your email address etc. FPASA collects, stores and uses your information primarily to provide services to you as instructed and requested by you, to authenticate your information as per client's request, for our legal obligation for business accounting and tax purposes and occasionally sending you marketing information or newsletters that can be beneficial to you as a customer or for your interest.

FOR OFFICE USE ONLY

Account No.: 700/ | Invoice Number: | Invoice Date: |

Payment Date: |

Upload on Database

 Library

 Certificate issue date:

Publication sent