



32 Bell Street, Mbombela, 1200

info@cgasa.org

Tel: 087 147 3601

Web address: www.cgasa.org

NEW MEMBERSHIP APPLICATION FORM

COMPLETE THE FORM AND SEND TO:

info@cgasa.org

DECISION MAKERS DESIGNATIONS' PATH

| Designation | Classification | Levels | Mark with X |
|---------------|--|--------|-------------|
| CGAR (SA) jnr | Certified Government Accountable Researcher of South Africa - Junior | 3 | |
| CGAR (SA) snr | Certified Government Accountable Researcher of South Africa - Senior | 4 | |

CGA(SA) PATH

| Designation | Classification | Levels | Mark with X |
|---------------|--|--------|-------------|
| SM | Student Member | 1 | |
| CGASA Trainee | Government Accountant Researcher in Training | 2 | |
| CGA (SA) jnr. | Certified Government Accounting Researcher of South Africa Junior | 3 | |
| CGA (SA) snr. | Certified Government Accounting Researcher of South Africa Junior Senior | 4 | |

OTHER DESIGNATIONS

| | | Mark With X |
|-----------|--|-------------|
| GM | General Member | |
| CGFO (SA) | Certified Government Financial Officer of South Africa | |

SECTION A

| PERSONAL DETAILS | | | | | | | | | | |
|------------------|------|---|--|---------------------|----|--|-------------|--|----|--|
| SOUTH AFRICAN? | Y | N | | TITLE | MR | | MRS | | MS | |
| NAME & SURNAME | | | | | | | | | | |
| GENDER | MALE | | | FEMALE | | | NATIONALITY | | | |
| IDENTINTY NUMBER | | | | | | | | | | |
| PASSPORT NUMBER | | | | | | | | | | |
| WORK PERMIT? | Y | N | | IF YES, EXPIRY DATE | | | | | | |
| PHONE NUMBER | CELL | | | | | | HOME | | | |
| | WORK | | | | | | | | | |
| HOME ADDRESS | | | | | | | | | | |
| POSTAL ADDRESS | CITY | | | | | | CODE | | | |
| | | | | | | | CODE | | | |
| EMAIL ADDRESS | | | | | | | FAX | | | |

SECTION B

| OTHER PROFESSIONAL AFFILIATIONS | | |
|---------------------------------|-----------------------------|---------------|
| NAME OF INSTITUTION | PRACTICE/DESIGNATION NUMBER | YEAR OBTAINED |
| | | |
| | | |
| | | |
| | | |
| | | |

SECTION C

| <u>EMPLOYMENT DETAILS</u> | | | |
|----------------------------------|--|-------------|--|
| CURRENT EMPLOYER | | | |
| JOB TITLE | | FROM | |
| RESIDENTIAL/POSTAL ADDRESS | | | |
| | | CODE | |
| EMAIL ADDRESS | | FAX | |
| BUSINESS PHONE | | | |
| PERSAL NUMBER (if applicable) | | | |
| <u>EMPLOYMENT DETAILS</u> | | | |
| PREVIOUS EMPLOYER | | START DATE: | |
| JOB TITLE | | END | |
| RESIDENTIAL/POSTAL ADDRESS | | | |
| | | CODE | |
| EMAIL ADDRESS | | FAX | |
| BUSINESS PHONE | | | |
| PERSAL NUMBER (if applicable) | | | |
| <u>EMPLOYMENT DETAILS</u> | | | |
| PREVIOUS EMPLOYER | | START DATE: | |
| JOB TITLE | | END: | |
| POSTAL ADDRESS | | | |
| | | CODE | |
| EMAIL ADDRESS | | FAX | |
| BUSINESS PHONE | | | |
| PERSAL NUMBER (if applicable) | | | |

SECTION D

| <u>QUALIFICATIONS</u> | | |
|--------------------------|-----------------------|---------------|
| <u>COMPLETED STUDIES</u> | | |
| NAME OF INSTITUTION | NAME OF QUALIFICATION | YEAR OBTAINED |
| | | |
| | | |
| | | |
| <u>CURRENT STUDIES</u> | | |
| NAME OF INSTITUTION | NAME OF QUALIFICATION | YEAR STARTED |
| | | |
| | | |

SECTION E

| <u>DECLARATION STATEMENT</u> | |
|--|-------|
| I certify that the information provided above is true and complete to the best of my knowledge. I am aware that this declaration statement is subject to review and verification and if such information has been falsified my membership may be terminated: | |
| Signature: | Date: |

APPENDIX

MEMBERSHIP FEES

| | | | |
|------------------------|-----------------------|-----------------------------------|------------------------------|
| CGAR (SA) snr. R 3 000 | CGA (SA) snr. R 2 600 | CGFO (SA) R 1 950 | STUDENT MEMBER (SM) R 100 |
| CGAR (SA) jnr. R2 000 | CGA (SA) jnr. R1 300 | GENERAL MEMBER (GM) R 1 200 | GART (SA) R1 200 |

ADDITIONAL FEES APPLICABLE TO FOREIGN APPLICATIONS

CGASA Administration fee per application (excluding SAQA fees)

- Certificate of evaluation-----R380-00
- Re-evaluation/appeal-----R 250-00
- Cancellation fee-----R 75-00

(SAQA fees can be obtained from www.saqa.org.za)

BANKING DETAILS

Bank name: First National Bank

Account holder: Certified Government Accountants of South Africa

Account number: 62770371161

Branch name: Ilanga Mall

Branch code: 270352

Type of account: Gold Business Account

REFERENCE NUMBER = IDENTITY NO. OR PASSPORT NO.

DOCUMENTS TO UPLOAD ON APPLICATION

South African citizens with South African qualifications

- A curriculum vitae.
- Certified copies of qualifications.
- Complete and legible academic transcript.
- Certified identity document.
- CGASA completed application form (available from www.cgasa.org).
- Proof of payment of the prescribed non-refundable application fee.

South African citizens with foreign qualifications

- Study Permit from the Department of Home Affairs (DHA).
- A curriculum vitae.
- Certified copies of qualifications.
- Complete and legible academic transcript.
- Certified identity and passport document.
- An evaluation certificate from SAQA confirming the foreign qualifications from the country of study.
- Certified copy of marriage if any.
- CGASA completed application form (available from www.cgasa.org).
- Proof of payment of the applicable non-refundable application fee.

Foreign nationals with foreign qualifications

Foreign nationals who seek membership must submit the following to CGASA upon their application:

- Certified copy of official passport or South African identity document.
- A curriculum vitae.
- Certified copies of qualifications.
- Verification certificate from the regulatory body in the country of origin confirming that the applicant is in good professional standing and has no professional cases pending against him/her.
- Certified copies of registration certificate, if any, from the country of origin.
- Complete and legible academic transcripts from the country of origin.
- Evaluation certificate from SAQA confirming the foreign qualifications.
- Police clearance letter from the country of origin.
- CGASA completed application form (available on www.cgasa.org).
- Certified copy of marriage certificate if any.
- Proof of payment of the applicable non-refundable application fee.