

**MEMBERSHIP APPLICATION FORM**

1. **ORGANISATION DETAILS**

|  |  |
| --- | --- |
| Firm / Company Name |  |
| Vat Registration Number |  |

1. **ORGANISATION’S ADDRESS**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Street Address | | |  | | | | | | | |
| City | |  | | | Province |  | | | Postcode |  |
| Country (If outside South Africa) | | | |  | | | | | | |
| Telephone No | | |  | |  | |  |
| Postal Address | | |  | | | | | | Postcode |  |
| Country (If outside South Africa) | | | |  | | | | | | |
| Website |  | | | | | | | | | |

1. **PROPOSED NOMINATED REPRESENTATIVE**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | | | | |
| Title in Organisation |  | | | | | | |
| Street Address |  | | | | | | |
| City |  | Province | |  | | Postcode |  |
| Postal Address |  | | | | | | |
| Direct Telephone |  |  | | |
| Cellphone | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Email | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

All enquires & applications should be directed to:

South African Securitisation and Asset Backed Debt Securities Forum

PO Box 366 Plumstead 7801

Telephone 083 457 5260   
[Securitisationforum.sa@outlook.com](mailto:Securitisationforum.sa@outlook.com)

1. **ANNUAL FEE & PAYMENTS DETAILS**

Membership fees are determined on a pro-rata basis for the membership year beginning 1 March to 28 February. The size of the organisation determines the full 12-month membership. Payment of fees is required within 14 days of the receipt of the membership invoice.

1. **DECLARATION**

The Applicant applies for membership in the South African Securitisation and Asset Backed Debt

Securities Forum for the 2024/2025 subscription year and agrees upon approval of its application:

to be bound by the Rules from time to time of the South African Securitisation and Asset Backed

Securities Forum (the Rules’).

to ensure compliance with the Rules by the Applicant’s proposed Nominated Representative.

|  |  |  |  |
| --- | --- | --- | --- |
| SIGNED for and on behalf of | |  | |
| (INSERT FIRM / COMPANY NAME OF APPLICANT) | | | |
|  |  | | |
| by |  | | |
| (FIRST PROPOSED NOMINATED REPRESENTATIVE) | | | |
| Date |  | |

1. **YOUR BUSINESS**

Please tick the appropriate category that best describes your organisation (tick the box)

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ | Issuer | ☐ | Investor |
| ☐ | Investment Bank | ☐ | Law Firm |
| ☐ | Trustee | ☐ | Accounting Firm |
| ☐ | Rating Agency | ☐ | Other (please specify) |
|  | | | |  |

## Please summarise the nature of your business

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| --- |
|  |
|  |
|  |
|  |

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