

**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:

The South African Securitisation Forum

PO Box 366 Plumstead 7801

Telephone (021) 794 5480 / 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. Full 12 months membership is determined by the size of the organisation. Payment of fees is required within 14 days of the receipt of the membership invoice.

1. **DECLARATION**

The Applicant applies for membership of The South Africa Securitisation Forum for the 2023/2024 subscription year and agrees upon approval of its application:

to be bound by the Rules from time to time of The South African Securitisation 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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|  |
|  |
|  |

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