

**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 enquiries & applications should be directed to:

South African Securitisation and Asset Backed Debt Securities Forum

Postnet Suite #39, Private Bag X16, Constantia 7848

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

1. **ANNUAL FEE & PAYMENTS DETAILS**

Membership fees are determined pro rata from 1 March to 28 February for the membership year. Payment of the fee is required within 14 days of 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 2025/2026 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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|  |
|  |

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