APPLICANT'S INFORMATION (Applicant must be a member in good standing)																							
Name & Surn	ame:				(	, ipp	ricaric		.5c 5 c	a m	CITIC		i i g c	ou ste	ar (G111	9/							
ID Number:																	SAI	CA Nu	ımt	oer:			
Mobile:					Phone (W):									Phone (H):									
TYPE OF APPLICATION (SELECT ONE)																							
Is this an application for:			Full Partnership					Sole Practitioner				Close Corporation					Personal Liability Company						
If this is an a	pplicati	on for	Assoc	iate P	artn	ersh	nip, p	lea	ase s	рес	ify	the	cor	npan	y?								
							F	IR	M II	NFO	ORI	MA	TIC	NC									
Practice/Firm Name:																							
Registration Number: (if applicable)																							
Type of entity	•		-	1			I			I		l			1			l				1	I
Please note, on as an accountin	ly Partne		Incorpo	rated C	ompa	anies	and C	los	e Cor	poral	tions	s ma	y ut	ilize th	is pra	ectic	e num	ber for	the	purp	ose of	egisteri	ing with CIPC
Vat no.	at no.									Company Letterhead					YES		10	If yes, please attach					
Postal addres	ss:	I I		ı		1			1						Į.								
City:						State:							ZIP Code:										
Physical address:																							
City:					State:							ZIP Code:											
Company Telephone: Company fax:																							
Contact Perso	on:																						
Mobile:					Phone (W):							Email:											
PARTNERS																							
Partner/s sh SAICA, IRBA,	CSSA,	CIMA	, SAIP	A, ACC	A, I	AC,	SAIB	Δ,	MCIE	BM a	and	I SA	\IG/	۱.		atta	ched	and	adv	ise v	vhich	applie	s):
					s to accompany this application							11 1011	Membership										
Designation Name				Surnar	ne	ID Nu			Num	umber.							T	<del>                                     </del>		1	No.		
									L	<u>L</u>													
How may part	iners/e	employ	ees a	re regi	ster	ed a	as fax	_						ARS?									
SIGNATURES  I authorize the verification of the information provided on this application for a Practice Number. Please address future																							
i authorizi	e me v			onden																	iease	auure	ss ruture
Signature of Senior Partner:							D	Date:															

## **NOTICE - IMPORTANT INFORMATION**

- 1. Practice registration year runs from 01 Mar 28 Feb annually. It is therefore issued/renewed on an annual basis. A practice number will only be issued / be valid once payment and all supporting documentation has been received by SAICA.
- 2. Who qualifies to act as an accounting officer of a close corporation?

The Registrar of Close Corporations has advised that members of the professional bodies listed in the table below are qualified to perform the duties of an accounting officer in terms of S60(2) of the Close Corporations Act.

	Institute	Abbreviation	Member designation
1.	The South African Institute of Chartered Accountants	SAICA	A Chartered Accountant (SA) – CA(SA) or     An Associate General Accountant (SA) – AGA(SA)
2.	Independent Regulatory Board for Auditors Auditors registered in accordance with the provisions of the Auditing Profession Act, No. 26 of 2005	IRBA	Registered Auditor (RA)
3.	Chartered Secretaries Southern Africa (formerly known as "The Southern African Institute of Chartered Secretaries and Administrators")	CSSA	Company Secretary
4.	The Chartered Institute of Management Accountants	CIMA	Chartered Global Management Accountant
5.	The South African Institute of Professional Accountants	SAIPA	Professional Accountant (SA)
6.	The Chartered Association of Certified Accountants	ACCA	Chartered Certified Accountant
7.	Institute of Accounting and Commerce (formerly "The Institute of Administration and Commerce of Southern Africa")	IAC	Members who have obtained the following IAC diplomas:          Diploma in Accountancy          Diploma in Cost and Management Accounting          Diploma in Company Secretary
8.	The South African Institute of Business Accountants	SAIBA	Senior members
9.	The Members of the Chartered Institute for Business Management	MCIBM	Members
10.	The South African Institute of Government Auditors	SAIGA	Registered Government Auditor

- 3. Please note, only Partnerships, Incorporated Companies and Close Corporations may utilize this practice number for the purpose of registering with CIPC as an accounting officer.
- 4. The issuing of a practice number does not entitle the practice to perform the attest function registration with the IRBA is required for such a function.
- 5. In applying and paying for such practice number, the practice grants permission for its details (including its status as a "Registered Practice" or otherwise) to be published on SAICA's website.
- 6. Any change in responsible partner before the next annual renewal date of the practice number, must be communicated to SAICA within 30 days of such change.

## Banking details:

Bank Nedbank
Branch Business
Branch Code 128405
Account number 1284023230

Amount R 370.00 (incl. VAT)
Reference: Company Name

Cheques may be made payable to SAICA and must accompany this application. Applications will only be processed on receipt of proof of payment of the Admin fee. Please submit all practice applications via the Member Portal at <a href="https://www.my.saica.co.za">www.my.saica.co.za</a>