



AGA(SA)

Associate General Accountant (SA)
An associate designation of the
South African Institute of Chartered Accountants

**APPLICATION TO THE SOUTH AFRICAN INSTITUTE OF CHARTERED ACCOUNTANTS
FOR ADMISSION AS AN ASSOCIATE OF THE COLLEGE OF GENERAL ACCOUNTANTS**

To the Board of:

THE SOUTH AFRICAN INSTITUTE OF CHARTERED ACCOUNTANTS

I hereby apply for admission as an Associate of the College of General Accountants (AGA) and for my name to be entered into the register of this body, believing myself to be a fit and proper person and being not less than twenty-one years of age.

Please note: Information relating to individuals will not under any circumstances be disclosed to anyone outside of the secretariat without your express consent.

GENERAL

Surname: Initials: Title:

Forenames:

Preferred name:

Maiden name (if applicable):

Gender (male or female): Date of birth: (DD/MM/YYYY) /..... /.....

Identity number:

Are you registered with SARS as a Vendor (for your own account) as per Section 54 of the Value-Added Tax Act? Yes No

If so, please provide your VAT registration number:

Contact numbers (including dialing code). Home (.....).....

Work (.....).....

Fax (work) (.....).....

Cellular Phone (.....).....

Email address

Postal address:
.....
.....
.....
.....
..... Code:

Physical address:
.....
.....
.....
.....
..... Code:

OPTIONAL INFORMATION

To assist SAICA in measuring the success of its transformation policies, we appeal to you to indicate which racial category best describes yourself, by ticking one of the boxes below. The Board gives its undertaking that this information will only be used for the purposes of determining group statistics.

AFRICAN ASIAN COLOURED WHITE OTHER (Please specify):

Do you have a disability as contemplated by the Employment Equity Act? Yes No

EMPLOYER PARTICULARS

Name of employer:

Employer's postal address:

Postal code:

Employer's telephone number: Employer's fax number:

Please ensure you supply your employer's VAT number, in order to meet the requirements of a valid tax invoice, as per Sections 20(4) and 21(3) of the Value-Added Tax Act.

Employer's VAT number:

PROFESSIONAL CODE

Indicate your main activity by ticking (✓) ONE square only.

Commerce and Industry

Internal Audit *CII*

General Management - Director *CGD*

General Management - Other *CGO*

Senior Financial Management - Director *CSD*

Senior Financial Management - Other *CSO*

Management Accountant *CMA*

Financial Accountant *CAF*

Branch Accountant *CBA*

Treasury Accountant *CTA*

Financial Support Staff *CFS*

Public Practice

Sole Practitioner *PSR*

Partner in Practice - Small *PSP*

Partner in Practice - Medium *PMP*

Partner in Practice - Large *PLP*

Employed in Public Practice - Small *PES*

Employed in Public Practice - Medium *PEM*

Employed in Public Practice - Large *PEL*

Education

Education *EDU*

Government

Government - Central - Accounting *GCA*

Government - Central - Auditing *GCU*

Government - Central - Other *GCO*

Government - Provincial - Accounting *GPA*

Government - Provincial - Auditing *GPU*

Government - Provincial - Other *GPO*

Government - Local - Accounting *GLA*

Government - Local - Auditing *GLU*

Government - Local - Other *GLO*

Public Corporation - Accounting *GBA*

Public Corporation - Auditing *GBU*

Public Corporation - Other *GBO*

Others

Retired *ORT*

Unemployed *OUN*

Other *OTH*

QUALIFICATIONS

Are you registered with any other professional body? Yes No

If yes, which body? Membership number:

Date on which you commenced membership of the other professional body. / /

Academic Record

Please list your qualifications and the relevant institution from which the qualification was obtained.

Please note that certified copies of your qualifications and academic record from your educational institution must accompany this form.

Qualification:

Educational institution where above qualification was obtained:

Training Record

Period: From: To:

Firm / Company:

Name of training officer:

ETHICS & DISCIPLINE

Have you ever been convicted of theft, fraud, forgery, issuing a forged document or perjury? Yes No
Have you ever been convicted of any other criminal offence/s (excluding minor traffic offences)? Yes No
Are you an unrehabilitated insolvent? Yes No
Have you at any time been removed from an office of trust on account of misconduct or any other reason? Yes No
Is there any other information relating to your professional conduct of which SAICA should be aware? Yes No
If yes to any of the above, please provide details
Do you authorise SAICA and/or their duly authorised agent/s to make your name, identity number, and/or fingerprints available to the South African Police Services database (and any other relevant database) for the purposes of conducting criminal conviction checks and verifications. Yes No

DECLARATION FOR REGISTERED TAX PRACTITIONERS

Are you a registered tax practitioner? Yes No
If yes, please provide your tax practitioner number:
Declaration:
Are all your personal tax affairs in order? Yes No
Has your membership with any professional body been terminated within the last five years, as a result of misconduct? Yes No

CONTINUING PROFESSIONAL DEVELOPMENT

By signing and submitting this application form I declare that I am aware of the need for continuing professional development (CPD), i.e. the ongoing involvement in development activities that are relevant to my work or career path. I also confirm that I am aware that information pertaining to CPD is available on SAICA's website (www.saica.co.za) or upon request from the CPD department. Yes No
I undertake, if admitted, to commit to a process of lifelong learning as is reasonably expected of a holder of a professional designation. Yes No
I hereby undertake to complete the Member Segmentation form that SAICA will send me directly after my AGA(SA) designation was created. Yes No

DECLARATION

I certify that the information submitted by me herein is complete, true and correct in every detail. I undertake, if admitted, to comply with the provisions of the regulations* by whatever name called from time to time in force and the Code of Professional Conduct of SAICA and any amendments thereto, for so long as I shall remain a member:
*Regulations shall mean -
In the case of SAICA, the provisions of the Constitution and By-Laws.
I enclose the prescribed entrance fee and subscription, and undertake, if admitted, to pay timeously the annual or other subscriptions due by me to SAICA as determined by its Board from time to time.

Signature (applicant): Date:

PLEASE SEND THIS FORM, TOGETHER WITH A COPY OF YOUR IDENTITY DOCUMENT AS WELL AS A SIGNED COPY OF THE TERMS & CONDITIONS TO SAICA, OR YOUR CHOSEN REGIONAL SAICA ADMINISTRATION OFFICE (A LIST OF THE ADDRESSES IS ENCLOSED). ALL CHEQUES SHOULD BE MADE PAYABLE TO SAICA.



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Terms and Conditions: AGA (SA)

1. All Associates will inform SAICA of all **changes** of **address** and **contact details**.
2. **Subscription fees** are invoiced annually for a calendar year and are due on 1 January, payable by the 31st of January of every year, irrespective of the month of joining SAICA.
3. An Associate's **financial status** for the year is dependent on the status on 1 January of the relevant year, i.e. Full Associateship/ Associate over 60 years of age/Long Service Associateship.
4. An Associate who is Non-resident by SARS definition (and have supplied SAICA with an annual **Declaration of non-residency**) will not be liable for Vat. All other Associates must pay the standard 14% Vat charge on all invoices.
5. When joining SAICA after 1 July, **half year subscription fees apply**, the entrance fee is waived for all applications received by 31 December 2016. Full subscription fees remain payable for the following year by the 31st of January of that year.
6. All Associates are **invoiced in their individual capacity** as an AGA(SA) and no invoice will be issued in the name of a company.
7. In the case of an **overpayment** being made, the Membership department will be informed by the applicant whether to refund the amount or credit to future subscription fees, with no interest being paid.
8. A **10% penalty** will be levied monthly from the end of February in respect of outstanding subscription fees, with a maximum penalty of 40%.
9. Associates will be **struck off** from the register on 1 June or any date thereafter determined by SAICA should subscription fees be outstanding. Certificates must be returned to the Institute and the AGA (SA) designation may no longer be used. Use of the designation thereafter, will constitute a criminal offence and is liable to a minimum R20 000 fine.
10. The names of all Associates struck off for non-payment of subscriptions may be **published** on the SAICA Website.
11. Applications for **Resignations** must be received in writing by SAICA on or before 31 January of the applicable year. Applications received thereafter, will not be accepted. Failure to submit a resignation will result in the Associateship fee for that year becoming due and payable.

I have read and understood the terms and conditions above and agree to abide by them.

Initials and Surname

Identity Number

Signature

Date

Declaration Form for Non-Residency for prior years up to end of 2016

I _____ declare that I **was** not a resident of the Republic Of South Africa from _____ until _____

My non-residency is based on the fact that I:

was not ordinarily resident ¹

¹ A person will be considered to be ordinarily resident in South Africa, if South Africa is the country to which that person will naturally and as a matter of course return to after his or her wanderings. It could be described as that person's usual or principal residence, or his or her real home.

did not meet the requirements of the physical presence test ²

² To meet the requirements of the physical presence test that person must be physically present in South Africa for a period or periods exceeding –

- 91 days in total during the year of assessment under consideration, as well as 91 days in total during each of the five years of assessment preceding the year of assessment; and
- 915 days in total during those five preceding years of assessment.

I declare that the information that I provided is correct and I authorize SAICA to use it. I understand that this information will be used to determine my eligibility for a VAT Zero rating, and if eligible, I will receive all SAICA services, including membership fees at zero rated VAT amounts.

I have been informed that I must submit the required declaration by no later than the 30th of September of each year to qualify for the zero rating.

I understand that if I do not provide the required declaration, VAT will be levied at the standard rate (currently 14%) for any service I receive from SAICA.

Member Signature: _____ **Date:** _____

SAICA Regional information:

Please forward your application form, proof of discharge of articles, certified copy of your accredited degree, proof of payment & a copy of your ID to SAICA or the Region of your choice.

Northern Region (Gauteng, Mpumalanga and Northern Provinces)

Membership unit	(Contact Centre)	Telephone	08610 72422
		Fax	011 621 6804
		Address	P O Box 59875, Kengray, 2100
		Email	applications@saica.co.za

Southern Region (Western and Eastern Cape Provinces)

Membership Officer		Telephone	021 417 2660
		Fax	021 417 2678
		Address	P O Box 4484, Cape Town, 8000
		Email	southernregion@saica.co.za

Eastern Region (KwaZulu-Natal Province)

Membership Officer		Telephone	031 207 3290
		Fax	031 207 3309
		Address	P O Box 1350, Wandsbeck, 3631
		Email	easternregion@saica.co.za

Central Region (Free State, Northern Cape and North West Province)

Membership Officer		Telephone	051 444 3674
		Fax	051 444 3701
		Address	P O Box 12911, Brandhof, 9324
		Email	centralregion@saica.co.za

2016 Application for Associateship of The South African Institute of Chartered Accountants**LOCAL and INTERNATIONAL**

Registration Fees	Excl. VAT	Incl. VAT	
Subscription Fee	R3 092.16	R3 525.06	Subscription fee for the period 01 January 2016 to 31 December 2016.
Entrance Fee			Waived Until 31 December 2016.

- **All associates are liable for VAT charges unless specifically non-resident by SARS definition**
- **Non Resident Applications must include Declaration Form for Non-Residency**
- **The Declaration form may not be completed by associates who are temporarily not in South Africa/on secondment outside South Africa/still awaiting permanent status approval in another country as it is not possible for such individuals to be non-resident for tax purposes in South Africa**

BANKING DETAILS:

BANK: NEDBANK
 BRANCH: BUSINESS CENTRAL (128405)
 ACCOUNT NUMBER: 1284023230
 REFERENCE: USE YOUR 13 DIGIT SA IDENTITY NUMBER

NOTES:

1. The 2016 subscription fees for members/associates engaged in Public Practice and not engaged in Public Practice are the same.
2. Absentee applications must include a Declaration Form for Non-Residency
3. The closing date for new member/associate registrations is 09 December 2016. All applications received after the closing date will be processed in January 2017.

CHECKLIST:

(Your application form will only be processed once the following documentation has been received)

- ✓ Application form (including a signed copy of the terms & conditions – page 4)
- ✓ Proof of payment
- ✓ A copy of your ID/ Passport
- ✓ A Non-resident declaration form [ONLY IF APPLICABLE]
- ✓ Certified copy of accredited degree
- ✓ Proof of discharge of articles