

Contact Details:

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Addresses:

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Monument
KRUGERSDORP, 1739

PO Box 613, KRUGERSDORP, 1740

APPLICATION FOR MEMBERSHIP OF SAESI

Membership from 01 October 2019 to 30 September 2020

Mission:

To constitute a member driven professional organisation, to promote the safety of the community and aspirations of its members through the promotion of all aspects of emergency services.

Vision:

SAESI, a professional emergency services organisation, dedicated to the protection of life, and the environment.

Purpose of this application: (Mark with an "X")

Membership application for the first time

Update of 2020 Membership @ R383-00

Information update only – No payment

Section A - CONTACT AND PERSONAL DETAILS

Title:

Prof	Dr	Mr	Mrs	Ms
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Surname:

Full name/s (All):

ID/Passport no: Nationality:

Date of Birth:

Day	Month	Year
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 Gender:

Male	Female
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Race:

Black African	Indian/Asian	Coloured	White	Other
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 If other, specify:

Physical address:

Postal Code:

Postal address:

Postal Code:

Tel (H): Tel (W):

Cell: Fax:

Email:

Section B - Employment Details (Where applicable)

Employer Name & Station (Current):

Date first appointed in the Service (History):

Day	Month	Year
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Position/Rank (Current):

Duration:

Days	Months	Years
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From:

Day	Month	Year
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To:

Day	Month	Year
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OR

To Date

(Mark with an "X" if applicable)

Section C – PARTICULARS OF NEXT OF KIN (In case of Member's Death)

Surname:

Full name/s (All):

Physical address:

Postal Code:

Postal address:

Postal Code:

Tel (H): Tel (W):

Cell: Fax:

Email:

Next of Kin relationship to the Member (Mark with an "X")

<i>Husband</i>	<i>Wife</i>	<i>Partner</i>	<i>Sibling</i>	If other, specify:
<i>Mother</i>	<i>Father</i>	<i>Grand Parent</i>	<i>Child</i>	

IMPORTANT: PLEASE NOTIFY HEAD OFFICE OF ANY CHANGES OF ADDRESS OR NEXT OF KIN DETAILS

Next of Kin details are imported to qualify for the survivors benefit. Next of Kin details need to be correct and kept up to date, if no details or details are not the same as at the time of a members passing, the gift pay-out will be denied. For more details refer to the Survivors Benefit policy and procedure.

SAESI Branches (Mark with an "X")

<i>Cape North West Branch</i>	<i>Free State Branch</i>	<i>KwaZulu Natal Inland Branch</i>	<i>International</i>
<i>Cape Peninsula Branch</i>	<i>Greater Northern Branch</i>	<i>Mpumalanga Branch</i>	
<i>Eastern Cape Branch</i>	<i>Garden Route Branch</i>	<i>Southern Cape Branch</i>	
<i>Eastern Gauteng Branch</i>	<i>KwaZulu Natal Coastal Branch</i>	<i>West Vaal Branch</i>	

SAESI Branches are specific geographic areas and not the same as the Provinces of South Africa. Should you be unsure of which Branch you belong or will belong to, please phone SAESI Head Office on the above contact details.

Section D – NOMINATION OF APPLICATION (To be completed by Proposer and Seconder)

MOI 4.2.2 Candidates for Ordinary Membership shall: (New Members)

4.2.2.1 Apply in writing in such manner as may be prescribed by the Board from time to time;

4.2.1.2 Be proposed and seconded in writing by 2 (two) Members of a specific Branch as proposer and seconder respectively, and their applications shall be considered and approved by the Branch;

Proposer Details:

Surname:

Full name/s (All):

SAESI Membership Number:

SAESI Branch:

Signature: Date:

Seconder Details:

Surname:

Full name/s (All):

SAESI Membership Number:

SAESI Branch:

Signature: Date:

Section E - FEES

The cost of Membership is R 383-00 and proof thereof must accompany the application.

Payments can be made in the following Account:

ABSA - Cheque Account Number 310810045

Branch - Krugersdorp or 632005

Reference – Your ID Number OR SAESI Membership Number

Section F – DECLARATION OF APPLICANT

I hereby confirm that the information supplied above is true and I will
(Initials and surname of applicant)

accept the decision of the Board of Directors with regards to my application.

I agree to submit to the MOI (Memorandum or Incorporation), Code of Ethics & Conduct and Company Rules of the Institute.

Signature: Date:

INFORMATION PROTECTION

The Southern African Emergency Services Institute fully supports the POPI and Consumer Protection Act. SAESI will not provide your information to third parties for their direct use. In accordance with the Acts, SAESI or any company processing data on its behalf will hold and use data contained in this form for the intended administrative purposes, to provide the services requested through this form and for SAESI to keep a record of your information.

The Member can instruct SAESI at any time to delete or destroy any personal information in writing.

FOR OFFICE USE ONLY

- Is the form completed in the correct manner?..... Yes No
- Is the form signed by the applicant?..... Yes No
- Did the Proposer sign this application?..... Yes No
- Is the Proposer a member of the Institute?..... Yes No
- Did the Secunder sign this application?..... Yes No
- Is the Secunder a member of the Institute?..... Yes No
- Is the right amount paid for the current year's membership (R383-00)?..... Yes No

Outcome:

Granted

Denied

SAESI Membership Number:

Control Officer:

Control Officer Signature: Date: