



SOUTHERN AFRICAN EMERGENCY SERVICES INSTITUTE NPC

Registration Nr.2014/162285/08

HEAD OFFICE - Tel: 011 660 5672 / Fax:086 544 0008 / info@saesi.com / www.saesi.com

(Head Office – Banking details : ABSA 310810045 / 632005)

MEMBERSHIP APPLICATION FORM - 2019

Surname			
Full names:			
Identity number:			
Employer Name and Station			
Address (Personal postal address House number/Road/City/Town/ Postal Code)		
SAESI Branch (See list below) *			
Contact Telephone number/Cell			
Email address			
Employment/ Rank			
Date on which you started in the Fire/Emergency Service for the first time.	YEAR	MONTH	DAY
Do you agree to submit to the MOI, Code of Ethics & Conduct and Company Rules of the Institute? (Mark with an X)	YES	NO	
	Applicants indicating NO, or not completing yes or no can be automatically disqualified		

INDICATE THE NATURE OF THE APPLICATION: (Mark with X where applicable)

Membership application for the first time:	Update of 2019 Membership R 348-00	INFORMATION UPDATE ONLY - NO PAYMENT
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This form is to be completed and returned to your Regional Secretary or Head Office without delay. All existing members updating membership should use their membership number as reference when making payment. If you are applying for the first time use MEMBERSHIP as reference **and** write your initials and surname clearly.

Applicant Signature _____ Date _____ Branch Secretary/
Rep. _____

(MOI 4.2.1.2) No application accepted without Proposer and Seconder

Proposed by member: (Name) _____ Member Nr: _____

Signature _____

Secinded by member: (Name) _____ Member Nr: _____

Signature _____

PARTICULARS OF BENEFICIARY [in case of Members Death]

Surname:	
Full names:	
Full address
Contact number & Email	
Relationship to you	

IMPORTANT: PLEASE NOTIFY HEAD OFFICE OF ANY CHANGE OF ADDRESS OR BENEFICIARY DETAILS.

Beneficiary details are imported to qualify for the survivors benefit. Beneficiary 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 benefit will be denied. For more details refer to the Survivors Benefit policy and procedure.

*** List of SAESI Branches:**

- | | |
|---------------------|--------------------------|
| 1. Cape North West | 7. KwaZulu Natal Coastal |
| 2. Cape Peninsula | 8. KwaZulu Natal Inland |
| 3. Eastern Cape | 9. Mpumalanga |
| 4. Eastern Gauteng | 10. Southern Cape |
| 5. Free State | 11. West Vaal |
| 6. Greater Northern | 12. International |

FOR OFFICAL USE ONLY:

Payment - Yes Outcome - Granted
Received No Denied

SAESI Member -
Number