



THE INSTITUTE OF LOSS ADJUSTERS OF SOUTHERN AFRICA

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Ref. No

APPLICATION FOR REINSTATEMENT OF MEMBERSHIP STATUS

1. PERSONAL DETAILS

- 1.1 FULL NAMES
- 1.2 DATE OF BIRTH
- 1.3 I.D NUMBER
- 1.4 NATIONALITY
- 1.5 HOME ADDRESS
-
- 1.6 HOME TEL. NO. Cell Phone:
- 1.7 TRADE NAME
- 1.8 EMPLOYERS NAME
- 1.9 BUSINESS ADDRESS
-
- 1.10 POSTAL ADDRESS
-
- 1.11 BUSINESS TEL NO. FAX NO.
- 1.12 E-MAIL ADDRESS.
- 1.13 VAT REGISTRATION NO.

2. **ACADEMIC QUALIFICATIONS: (PLEASE ATTACH COPIES CERTIFIED BY A COMMISSIONER OF OATHS)**

3.

3.1 SCHOOL LEAVING QUALIFICATION

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3.2 UNIVERSITY / TECHNIKON QUALIFICATIONS

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3.3 INSURANCE INDUSTRY QUALIFICATIONS

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3.4 OTHER QUALIFICATIONS

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4. **MEMBERSHIP OF ILA (please provide accurate dates)**

4.1 PERIOD OF MEMBERSHIP OF ILA

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4.2 MEMBERSHIP STATUS ON LEAVING ILA

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4.3 PERIOD OF THIS STATUS

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4.4 REASONS FOR LEAVING ILA

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4.5 PERIOD OF ABSENCE FROM ILA

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5. EMPLOYMENT DETAILS (please provide accurate dates)

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5.1 Are you employed solely as a Loss Adjuster ? YES / NO (Circle applicable answer)

5.2 Do any of the under mentioned categories of persons / companies have a financial interest in your Loss Adjusting operation / company?

- Insurance Company
- Insurance Broker
- Salvage Merchant or any other commercial enterprises

If so, please provide details:

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5.3 Do you/your employer hold Professional Indemnity cover?
(Members are obliged to hold a minimum limit of indemnity per event of R1 000 000, subject to a maximum excess of 5% of such limit and are required to provide proof, which **MUST BE ATTACHED** to this application form).

YES / NO

5.3.1 Please provide: Name of Broker _____
Sum Insured: _____
Excess: _____

6. Have you ever been dismissed by a previous employer for dishonesty, fraudulent practices or incompetence? YES / NO

7. Do you have a criminal record? YES / NO

8. South African Police Services clearance attached ? YES / NO

9. Have you ever been declared insolvent ? YES / NO

