THE INSTITUTE OF LOSS ADJUSTERS OF SOUTHERN AFRICA

Professional Body for Loss Adjusters
NPC 2021/425788/08

Unit 6 Northcliff Office Park, 203 Beyers Naude Drive, Northcliff, Johannesburg
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APPLICATION FOR MEMBERSHIP 2025/2026

Applications will be considered against the criteria as

laid out in the Institutes By-Laws dated 3 November 2025

PERSONAL DETAILS

FULL NAMES					
DATE OF BIRTH					
ID NUMBER					
NATIONALITY					
GENDER Compulsory fields for SAQA statistic purposes only	MALE		FEMALE		
EQUITY Compulsory fields for SAQA statistic purposes only	BLACK	INDIAN	COLOURED	WHITE	OTHER
HOME LANGUAGE					
HOME ADDRESS					
HOME TELEPHONE					
MOBILE NUMBER					

BUSSINESS DETAILS

BUSINESS ENTITY NAME TRADE NAME EMPLOYERS NAME			
CONTACT NUMBER /S			
EMAIL ADDRESS			
PHYSICAL ADDRESS			
POSTAL ADDRESS			
VAT REGISTRATION NUMBER			

MEMBERSHIP INVOICING PURPOSES

WHO SHOULD ILASA INVOICE?	BUSINESS	PERSONAL

MEMBERSHIP OPTIONS

Choose only one of the membership options

OPTION 1 ORDINARY MEMBERSHIP FOR **NON LOSS** ADJUSTERS Please confirm that you meet the criteria		
Is not less than 18 years of age; and	Yes	No
Holds a Grade 12 or other school leaving qualification or equivalent qualification as ratified by the by the South African Qualification Authority; and	Yes	No
Is employed in the insurance industry or his employment involves activities related to loss adjusting and other occupations as agreed by the National Committee from time to time	Yes	No

OPTION 2 CANDIDATE MEMBERSHIP FOR **HABITUALLY PRACTISING LOSS ADJUSTERS** Please confirm that you meet the criteria		
Holds a Grade 12 or other school leaving qualification or equivalent qualification as ratified by the South African Qualification Authority; and	Yes	No
Is habitually employed in a professional capacity as a loss adjuster with the investigation, management, evaluation, adjustment, handling, and settlement of losses or insurance claims within the insurance market, and has passed the Entrance Examination of the Institute; **or**	Yes	No
Is employed by a firm of loss adjusters where at least one (1) principal is a Licentiate, Associate, or Fellow of the Institute.	Yes	No

ACADEMIC QUALIFICATIONS

SCHOOL LEAVING QUALIFIACTIONS	SA MATRIC	OTHER Specify details
TERTIARY Specify Details i.e.: Name of Institution and Qualification		
INSURANCE INDUSTRY QUALIFICATIONS Specify Details i.e.: Name of Institution and Qualification		

WORK EXPERIENCE

NON-INSURANCE INDUSTRY EXPERIENCE LAST 3 POSITIONS HELD			
FROM	TO	EMPLOYER	POSISTION

INSURANCE INDUSTRY EXPERIENCE LAST 3 POSITIONS HELD			
FROM	TO	EMPLOYER	POSISTION

LOSS ADUSTION EXPERIENCE (NON-MOTOR) **LAST 3 POSITIONS HELD**			
FROM	TO	EMPLOYER	POSISTION

CONFIRM THE FOLLOWING DETAILS

Do any of the undermentioned categories of persons / companies have a financial interest in your adjusting operation / company?		
Insurance Company	YES	NO
Insurance Broker	YES	NO
Salvage Merchant	YES	NO
Other commercial enterprise	YES	NO
If you answered YES to any of the above, please provide full details		
Have you previously applied for membership to the Institute?	YES	NO
If YES, please provide details as to why/ when membership was declined or terminated		
Have you, in your capacity as a claim's assessor / loss adjuster, ever been held liable for professional negligence or incompetence	YES	NO
If YES, please provide details		
Do you have a criminal record?	YES	NO
If YES, please provide details		
Have you ever been declared insolvent?	YES	NO

PROFESSIONAL INDEMNITY COVER

As per the Constitution of the Institute of Loss Adjusters all members that are habitually practising loss adjusters are obliged to hold a minimum limit of indemnity per event of R1 000 000 and are required to produce proof which must be attached to this application or provided before membership can be ratified.

NAME OF INSURER			
SUM INSURED			
Has any insurer declined to insure / renew any professional indemnity cover you may have held		YES	NO
If YES please provide details			

CONFIRM THE FOLLOWING DOICUMENTS ARE ATTACHED TO THE APPLICATION

ID	Yes	No
COPY/COPIES OF ALL QUALIFICATIONS	Yes	No
RECENT CV	Yes	No
PROOF OF PROFESSIONAL INDEMNITY	Yes	No
POLICE CLEARANCE	Yes	No

DECLARATION BY APPLICANT

I hereby make application as an ORDINARY OR CANDIDATE LOSS ADJUSTER membership of the Institute of Loss Adjusters of Southern Africa and agree unconditionally to abide by the terms and conditions of the Constitution, By-Laws, Code of Conduct and Ethics of the Institute and of any decision made by the Committee of the Institute.

I hereby consent to my personal details and information, as reflected in the records of the Institute, being transcribed to the Institute's database and further agree that such information may be used by the Institute for maintaining their records and in maintaining communications with me. It is further agreed that such information will not be outsourced, sold or otherwise made available to any other party without my prior and expressed consent. I hereby further agree and consent to my qualifications and contact details being recorded in the Institutes membership publications and on the Institutes internet web page.

DISCLAIMER / WAIVER

It is further understood that any deliberate misrepresentation or falsification of information provided in this application shall at the final decision of the Executive Committee of the Institute, render my membership status, benefit or assistance I may expect from the Institute, to be null and void.

Signed at _____ this _____ day of _____ 20_____

SIGNATURE OF APPLICANT _____

APPLICATION FEE PAID FEE OF R1 000 **YES / NO**
(50% of the application fee to be refunded if the application is not accepted)