



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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E-Mail: admin@ilasa.org.za

Website: www.ilasa.org.za

APPLICATION FOR MEMBERSHIP

PERSONAL DETAILS

FULL NAMES _____

DATE OF BIRTH _____

I.D. NUMBER _____ (Please attach copy of ID/Passport)

NATIONALITY _____

*GENDER

MALE	FEMALE
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 *EQUITY

Black	Indian	Coloured	White	Non SA
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*compulsory fields for SAQA statistic purposes only

HOME LANGUAGE _____

HOME ADDRESS _____

TELEPHONE (H) _____ (Mobile) _____

BUSINESS DETAILS

TRADE NAME OR EMPLOYERS NAME _____

TELEPHONE _____ FACSIMILE _____

CELLULAR No _____

E-MAIL ADDRESS _____

BUSINESS ADDRESS (PHYSICAL) _____

POSTAL ADDRESS _____

VAT REGISTRATON NUMBER _____

ACADEMIC QUALIFICATIONS (Please attach copies of all relevant certificates, certified by a commissioner of oaths)

SCHOOL LEAVING

MATRICULATION (GRADE 12) YES _____ NO _____ (tick correct data)

OTHER (Specify and attach) _____

TERTIARY (Specify and attach) _____

INSURANCE INDUSTRY QUALIFICATIONS (Specify and attach) _____

BUSINESS EXPERIENCE (Please complete the following with dates of employment and details of employers you have worked for and **attach a copy of your most recent full CV**)

NON-INSURANCE INDUSTRY EXPERIENCE

FROM	TO	EMPLOYER	POSITION

INSURANCE INDUSTRY EXPERIENCE (Excluding Loss Adjusting)

FROM	TO	EMPLOYER	POSITION

LOSS ADJUSTING EXPERIENCE (NON-MOTOR)

FROM	TO	EMPLOYER	POSITION

PLEASE CIRCLE THE CORRECT ANSWERS

- Are you employed solely as an independent Loss Adjuster / Non-Motor Assessor? **YES / NO**
- Do any of the undermentioned categories of persons / companies have a financial interest in your adjusting operation / company? **YES / NO**
- Insurance Company **YES / NO**
 - Insurance Broker **YES / NO**
 - Salvage Merchant **YES / NO**
 - Other commercial enterprise **YES / NO**

If 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

Do you / your employer hold Professional Indemnity cover **YES / NO**

Name of Insurer / Broker _____

Sum Insured R _____ Excess _____

Members 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.

Have you, in your capacity as a claim's assessor / loss adjuster, ever been held liable for professional negligence or incompetence YES / NO

Has any insurer declined to insure / renew any professional indemnity cover you may have held YES / NO

If yes to the above two questions, please provide details

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

Do you have a criminal record? **Please attach a police clearance certificate** YES / NO

Have you ever been declared insolvent? YES / NO

Should your application be successful, do you undertake to obtain Professional Indemnity insurance cover, this being a pre-condition of membership of the Institute? YES / NO

DECLARATION BY APPLICANT

I hereby make application as a CANDIDATE adjuster 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 acknowledge and agree to an ITC check being conducted.

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

YES / NO

(50% of the application fee to be refunded if the application is not accepted)

DECLARATION OF PROPOSER AND SECONDER

From my personal knowledge of the applicant, we the undersigned being a Fellow / Associate / Accredited member of the Institute, consider the applicant to be a fit and proper person and see no reason why the applicant should not be accepted for membership.

Name of Proposer _____

Status _____ contact Telephone No _____

Signature _____

Name of Seconder _____

Status _____ contact Telephone No _____

Signature _____

APPLICATION ACCEPTED

YES / NO

If not accepted – state reasons

Signed _____

–
Name _____

Dated this _____ day of _____ 20 ____

Being a member of the Membership Committee of the Institute in good standing.