

# 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 Avenue,

Northcliff, Johannesburg

**Mobile:** 010 753 1728 **E-Mail:** [admin@ilasa.org.za](mailto:admin@ilasa.org.za) **Website:** [www.ilasa.org.za](http://www.ilasa.org.za)

**BOARD ASSESSMENT APPLICATION   
For a Professional Designation**

**General Information and Instructions:**

1. Board Exams are only open to the members of The Institute of Loss Adjusters.
2. For more detailed information on the ILASA designations and exam process please refer to the ILASA Board Assessment document that was attached to this application request.
3. Complete the form in full.
4. Write or print clearly in black ink or complete electronically.
5. Mark boxes with an X.
6. Proof of payment for the exam application must be attached to the application form and is nonrefundable.
7. The exam fee must be paid before the exam commences. Entry to the exam will not be given to candidates with outstanding fees.
8. Send applications to [education@ilasa.org.za](mailto:education@ilasa.org.za) or [admin@ilasa.org.za](mailto:admin@ilasa.org.za)
9. Forms submitted after the closing date will not be considered.
10. Entry Criteria.

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| **Licentiate** | **Associate** | **Fellow** |
| 1. Be actively involved in Loss Adjusting as a Candidate for a minimum of 1 year. 2. Have a minimum of a matric or equivalent NQF 4 qualification. 3. Have completed the online Principles and Practise Module on the ILA membership system. | 1. Be actively involved in Loss Adjusting as a Licentiate for a minimum of 2 years | 1. Be actively involved in Loss Adjusting as a Associate for a minimum of 5 years |

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| **APPLICATION FORM** | | | | | | | | | |
| **Date of Application** | | |  | | | | | | |
| **ILA Member** | | **Yes** | No | **Membership  Number** | |  | | | |
| **Name in full** | | |  | | | | | | |
| **ID Number** | | |  | | | | | | |
| **Residential Address** | | |  | | | | | | |
| **Postal Address** | | |  | | | | | | |
| **Telephone no work** | | |  | | | | | | |
| **Telephone no home** | | |  | | | | | | |
| **Cell phone number** | | |  | | | | | | |
| **E-mail** | | |  | | | | | | |
| **Current Employer** | | | **Company Name** | |  | | | | |
|  | | | **Period of employment** | |  | | | | |
| **SAQA REQUIREMENTS** | | | | | | | | | |
| **Race** | **African** | **Coloured** | **Indian** | **White** | **Gender** | | **Male** | **Female** | |
| Are you a South African Citizen ? | | | | | | | | Y | N |
| If No, what is your nationality? | | | |  | | | | | |
| Do you have a valid work permit? | | | | | | | | Y | N |
| Are you a person with a disability?  APPLICATION FORM | | | | | | | | Y | N |

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| **Select Board Exam Designation for Examination** | | | | | | |
|  | | | | | |  |
| Licentiate Loss Adjuster | | | | | |  |
| Associate Loss Adjuster | | | | | |  |
| Fellow Loss Adjuster | | | | | |  |
| **Confirm Eligibility Criteria** | | | | | | |
| **Licentiate** | | | | | | |
| 1. Be actively involved in Loss Adjusting as a Candidate for a minimum of 1 year. | | | | |  | |
| 1. Have a minimum of a matric or equivalent NQF 4 qualification | | | | |  | |
| 1. Have completed the online Principles and Practise Module on the ILA membership system | | | | |  | |
| **Associate** | | | | | | |
| 1. Be actively involved in Loss Adjusting as a Licentiate for a minimum of 2 years | | | | |  | |
| **Fellow** | | | | |  | |
| 1. Be actively involved in Loss Adjusting as an Associate for a minimum of 5 years | | | | |  | |
| **Choose an option to access the Board Exam  Refer to the Board Exam Explanation Letter for more detail** | | | | | | |
| **Licentiate** | **RPL Channel** |  | **Direct** |  | | |
| **Associate** | **RPL Channel** |  | **Direct** |  | | |
| **Write a short motivation for your choice of access to the Board Exam that includes your Loss Adjusting experience and or qualifications** | | | | | | |
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**Fee Structure 2024**  
All fees are VAT inclusive

The exam registration fee and the exam fee are payable before the Exam can we written.   
Please indicate with an X below the amounts that apply to your application.

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| --- | --- | --- |
| **Exam registration fee** Nonrefundable  To be paid on application | R920 |  |
| **Exam Fee** To be paid before the exam commencement date | R920 |  |
| **RPL programme fee** Applies to those candidates taking this route to the Exam | R920 |  |
| **Rewrite fee** Applies to those candidates rewriting the exam | R460 |  |

**Payment to**: Institute of Loss Adjusters of Southern Africa

Banking details: Standard Bank Acc no 020 6699 17, Woodmead Branch 001 255

**Declaration by applicant**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ herby declare that the information I have provided on this form is correct and give consent that references maybe contacted and credentials verified.

I accept the terms and conditions stated herein and commit that I will adhere to the prescribed programme requirements.

**Date: Signature:**

**POPI Declaration**

The ILASA herewith state that the personal information provided in this application is used for the sole purpose of academic records related to this RPL Process and the required regulatory reporting due therewith.

The ILASA will not supply any personal information to anyone outside of the stipulated purpose above. By signing this document, you provide your consent and acceptance hereof.