



# THE INSTITUTE OF LOSS ADJUSTERS OF SOUTHERN AFRICA

Professional Body for Loss Adjusters  
NPC 2021/425788/08

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## 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 \_\_\_\_\_

STREET or POSTAL CODE \_\_\_\_\_

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 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

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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

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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

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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.