



THE INSTITUTE OF LOSS ADJUSTERS OF SOUTHERN AFRICA

APPLICATION FOR MEMBERSHIP

Ref No.

| | |
|---|-----------------------|
| <p>1. PERSONAL DETAILS</p> <p>1.1 FULL NAMES</p> <p>1.2 DATE OF BIRTH</p> <p>1.3 I.D NUMBER</p> <p>1.4 NATIONALITY</p> <p>1.5 HOME ADDRESS</p> <p>1.6 HOME TEL NO.....</p> <p>2. BUSINESS DETAILS</p> <p>2.1 Trade Name or Employer's Name :</p> <p>2.2 Business Tel. No. Facsimile No. Cellular No. E-Mail Address</p> <p>2.3 a) Business Address (Physical)</p> <p>2.4 b) Postal Address</p> <p>2.5 c) Vat Registration Number</p> | <p>For Office Use</p> |
|---|-----------------------|

3. **ACADEMIC QUALIFICATIONS** (*Please attach copies of all relevant certificates, CERTIFIED BY A COMMISSIONER OF OATHS)

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3.1 SCHOOL LEAVING QUALIFICATION (Attach)

MATRICULATION YES *..... NO (Tick)

*Attached

OTHER (Specify and Attach)

*Attached

3.2 TERTIARY QUALIFICATIONS (Attach)

.....

*Attached

3.3 INSURANCE INDUSTRY QUALIFICATIONS (Attach)

.....

*Attached

4. **BUSINESS EXPERIENCE** (Please complete the following including dates of employment and details of companies you have been employed by)

4.1 NON INSURANCE INDUSTRY EXPERIENCE

| DATES | COMPANY | POSITION | YEARS |
|---------------------|---------|----------|-------|
| From To | | | |
| From To | | | |
| From To | | | |
| From To | | | |
| From To | | | |

4.2 INSURANCE INDUSTRY EXPERIENCE (Excluding Loss Adjusting)

| DATES | COMPANY | POSITION | YEARS |
|---------------------|---------|----------|-------|
| From To | | | |
| From To | | | |
| From To | | | |
| From To | | | |
| From To | | | |

4.3 **LOSS ADJUSTING EXPERIENCE (Non Motor)**

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| DATES | COMPANY | POSITION | YEARS |
|---------------------|---------|----------|-------|
| From To | | | |
| From To | | | |
| From To | | | |
| From To | | | |
| From To | | | |

4.4 Please provide the name, address and telephone numbers of three persons from within the Insurance industry, who you submit as references (other than your current employer) :

| | NAME | TEL. NO. | ADDRESS | Verified |
|----|-------|----------|---------|----------|
| a) | | | | YES / NO |
| b) | | | | YES / NO |
| c) | | | | YES / NO |

PLEASE CIRCLE CORRECT ANSWER

4.5 Are you employed solely as an independent Loss Adjuster / Non Motor Assessor?
YES / NO

If so, please supply date of commencement as a Loss Adjuster / Assessor
M : Y :

4.6 Do any of the undermentioned categories of persons / companies have a financial interest in your loss adjusting operation /company ?

| | | |
|------------------------------|----------|----------|
| Insurance Company | YES / NO | Verified |
| Insurance Broker | YES / NO | |
| Salvage Merchant | YES / NO | |
| Other commercial enterprises | YES / NO | |

If YES to any of the above, please provide full details

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| | | |
|-----|--|----------------|
| 5. | Have you previously applied for membership to the Institute? YES / NO | For Office Use |
| | If YES, please provide details as to why/ when membership was declined or terminated | |
| | | |
| | | Verified |
| 6. | 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 <u>must be attached</u> to this application form) | |
| | YES / NO | Attached |
| 6.1 | Please provide : | |
| | Name of broker | |
| | Sum Insured | Verified |
| | Excess | |
| 6.2 | Have you in your capacity as a claims assessor / loss adjuster ever been sued for professional negligence or incompetence? YES / NO | |
| | If so, please provide details : | |
| | | |
| | | |
| 6.3 | Has any Insurer declined to Insure / renew any professional indemnity cover you may have held? YES / NO | |
| | If so, please provide details : | |
| | | |
| | | |
| 7. | Has your membership of any other professional body / Institute been terminated for reasons other than your voluntarily ceasing to be a member? | |
| | If so, please provide details: | |
| | | |
| 8. | 8.1 Have you ever been dismissed by a previous employer for dishonesty, fraudulent practises or incompetence? YES/NO | Verified |
| | 8.2 Do you have a criminal record? YES/NO | |
| | 8.3 South African Police Service clearance certificate attached ? YES/NO | |
| | 8.4 Have you ever been declared insolvent? YES/NO | |
| | 8.5 Should your application be successful, do you undertake to obtain Professional Indemnity cover, this being a pre-condition of membership of the Institute? YES/NO | |

9. 9.1 DECLARATION BY APPLICANT

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I hereby make application for CANDIDATE/ ACCREDITED/ ASSOCIATE / FELLOW status 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 Code of 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 data base 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 Institute’s internet web page.

9.2 DISCLAIMER / WAIVER

It is further understood that any deliberate misrepresentation or falsification of information provided in the foregoing sections 1 to 8 shall at the final decision of the Committee of the Institute, render any membership status, benefit or assistance I may expect from the Institute, totally null and void.

SIGNED THIS DAY OF 20 AT

YES/NO

SIGNATURE OF APPLICANT

APPLICATION FEE INCLUDED (R1 140.00 (vat included) – 50% refunded if application not accepted.)

10. DECLARATION OF PROPOSER AND SECONDER

From personal knowledge of the applicant, we, the undersigned being a Fellow /Associate of the ILA, consider the applicant is a fit and proper person and see no reason why the applicant should not be accepted. (Please ensure that this declaration is correct)

10.1 Name of Proposer
Signature
Postal Address
Telephone No.
Membership status

Verified

10.2 Name of Seconder
Signature
Postal Address
Telephone No.
Membership status

Verified

FOR OFFICIAL USE ONLY

ACCEPTED: YES / NO

DATE

STATUS

IF NOT ACCEPTED - STATE REASONS

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| | |
|--|--------|
| ATTACHED: CERTIFIED COPIES OF EDUCATIONAL CERTIFICATES | YES/NO |
| APPLICATION/ENTRANCE FEE PAYMENT | YES/NO |
| SOUTH AFRICAN POLICE SERVICE CLEARANCE | YES/NO |