



Chartered
Governance
Institute of
Southern Africa

Application for Associateship

To: The Chartered Governance Institute of Southern Africa,

I offer myself for election as an Associate of The Chartered Governance Institute of Southern Africa (CGISA).

I agree to pay all future fees and subscriptions for which I become liable and undertake to observe and be bound by the provisions of the Charter and Byelaws of CGI and the Memorandum of Incorporation of CGISA. I understand that a copy of these documents will be sent to me upon request. I undertake to abide by the Code of Ethics and CPD requirements of CGISA.

In support of my application, I furnish the particulars on pages 1 to 6 herewith which I declare to be true.

Signature of applicant

Date

PERSONAL DETAILS

(Block capitals please)

Surname

Title

Mr/Mrs/Miss/ Ms/Dr/Prof/etc. Initials

First name (s)

ID number:

Gender: Male

Female

Date of birth (YYYY/MM/DD)

Code

Business Tel. No.

Code

Home Tel. No.

Race (for statistical purposes)

African Coloured Indian White Unknown

Disabilities (if any)

Email 1 (to be used for correspondence)

Email 2 (back up)

Country code

Cell

Fax

Postal address

 (Province)

 (Country)

 (Postal code)

Business address

 (Province)

 (Country)

 (Postal code)

PERSONAL DETAILS *(continued)*

Home address

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	(Province)
<input type="text"/>	(Country)
<input type="text"/>	(Postal code)

Address to be used for postage (please select)

Postal Business Home

PROFESSIONAL PROFILE

Job title

Company name

ORGANISATIONAL INFORMATION *(tick one only)*

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Public unlisted | <input type="checkbox"/> Private company (Pty) | <input type="checkbox"/> Consultant/Self-employed | <input type="checkbox"/> JSE-listed |
| <input type="checkbox"/> Not-for-profit (NPC/NPO) | <input type="checkbox"/> State-owned company (SOC) | <input type="checkbox"/> Government – national/
provincial/municipal | <input type="checkbox"/> Personal liability
company (PLC) |
| <input type="checkbox"/> Other | | | |

WHAT INDUSTRY ARE YOU IN? *(tick one only)*

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Govt. – Local | <input type="checkbox"/> Law | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Govt. – Provincial | <input type="checkbox"/> Insurance | <input type="checkbox"/> Sport |
| <input type="checkbox"/> Education | <input type="checkbox"/> Govt. – National | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Energy | <input type="checkbox"/> State-owned company | <input type="checkbox"/> Media | <input type="checkbox"/> Transport |
| <input type="checkbox"/> Financial Services | <input type="checkbox"/> Health and Aged Care | <input type="checkbox"/> Mining | <input type="checkbox"/> Wholesale |
| <input type="checkbox"/> Import/Export | <input type="checkbox"/> Hospitality and Tourism | <input type="checkbox"/> Property | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Other (specify) <input type="text"/> | | |

DETAILS OF APPOINTMENTS/EMPLOYMENT HISTORY

Notes:

1. Before proceeding, applicants are advised to study the enclosed notes on how to complete the form.
2. Referees should be senior executives in the organisations concerned.

1. PRESENT APPOINTMENT OF APPLICANT

- Name of organisation: (full legal name) _____
- Held from: _____ to: _____
- Nature of its business: _____
- Position: _____
- Key Performance Areas (KPAs)* ranked in order of priority (highest to lowest)

1. PRESENT APPOINTMENT OF APPLICANT *(continued)*

KPA #	Description
1	
2	
3	
4	
5	

* These may be described as those duties critical to the performance of the position and should omit other functions of lesser importance.

Name of referee

Position

Referee contact number

Professional designation (if any)

Date

Signature of referee

2. EARLIER APPOINTMENTS WITH SAME EMPLOYER

- Name of organisation: (full legal name) _____
- Held from: _____ to: _____
- Nature of its business: _____
- Position: _____
- Key Performance Areas (KPAs)* ranked in order of priority (highest to lowest)

KPA #	Description
1	
2	
3	
4	
5	

* These may be described as those duties critical to the performance of the position and should omit other functions of lesser importance.

Name of referee

Position

Referee contact number

Professional designation (if any)

Date

Signature of referee

3. PREVIOUS APPOINTMENTS

- Name of organisation: (full legal name) _____
- Held from: _____ to: _____
- Nature of its business: _____
- Position: _____
- Key Performance Areas (KPAs)* ranked in order of priority (highest to lowest)

3. PREVIOUS APPOINTMENTS

KPA #	Description
1	
2	
3	
4	
5	

* These may be described as those duties critical to the performance of the position and should omit other functions of lesser importance.

Name of referee

Position

Referee contact number

Professional designation (if any)

Date

Signature of referee

- Name of organisation: (full legal name) _____
- Held from: _____ to: _____
- Nature of its business: _____
- Position: _____
- Key Performance Areas (KPAs)* ranked in order of priority (highest to lowest)

KPA #	Description
1	
2	
3	
4	
5	

* These may be described as those duties critical to the performance of the position and should omit other functions of lesser importance.

Name of referee

Position

Referee contact number

Professional designation (if any)

Date

Signature of referee

REFEREES PLEASE NOTE

You are asked to certify from personal knowledge that the information given by the applicant in the section next to your signature is correct.

Please supply any additional information which you may consider relevant.

4. ACADEMIC QUALIFICATIONS

In further support of my application I furnish the following details:

Post matric education, e.g. university (do not include short courses). Include CGISA qualification.

University/Institution	Months and years		Degree, Diploma, Certificate Obtained (Abbreviation)
	From	To	

- Date of completing the institute's examination _____
- Date of admission as a graduate (if applicable) _____
- Other professional qualifications _____

5. INTEGRITY, CHARACTER AND STANDING OF APPLICANT

Answer the following questions.

The applicant acknowledges that by submitting their application for processing they have (a) read, accepted and held themselves bound by the policies and byelaws which seek to uphold the core values of diligence, honesty and integrity of the Institute; and (b) accepted that they and the Institute are bound by these policies in processing their application for admission.

1. Have you ever been investigated and/or charged and/or convicted of any offence resulting from dishonesty, corruption, fraud, theft, perjury, misrepresentation and/or embezzlement?
 Yes No
2. Has your estate been provisionally or finally sequestrated in any jurisdiction?
 Yes No
3. Have you at any time been a party to a scheme of arrangement or made any other form of compromise with your creditors?
 Yes No
4. Have you ever been found guilty in disciplinary proceedings, by an employer or professional body, due to dishonest activities?
 Yes No
5. Have you ever previously or currently been barred from entry into any other professional body?
 Yes No
6. Have you, at any time, had civil judgements either against you and/or involving you, including as a third party?
 Yes No
7. Are you currently the subject of pending litigation and/or investigations in your professional capacity and /or conduct on the grounds of corruption, fraud, theft, embezzlement, perjury, and/ or misrepresentation, including those where you are a third party?
 Yes No
8. Have you been in the past or are you currently the subject of allegations in your professional capacity which may reasonably affect the integrity of the professional standards required of a Company Secretary, Governance Professional or Governance Practitioner, which allegations may include deceit, dishonesty, misconduct and/or deception?
 Yes No
9. Have you ever been removed from an office of trust, on the grounds of misconduct?
 Yes No

If you have answered yes to any of the above, please provide the Institute with supporting documentation for further processing.

I, certify that my answers given to the above 9 questions are true and correct.

Signature

Date

6. RECOMMENDATION BY TWO PERSONS

We, the undersigned having known for the period set against our names

(Name of applicant)

who is seeking admission as an Associate of the Institute, hereby recommend him/her from personal knowledge for election.

Full name of signatory

Occupation

Address

Period

 (Years)

Signature

(FCG/ACG/CA/LLB and membership number, if applicable)

Date

(Name of applicant)

who is seeking admission as an Associate of the Institute, hereby recommend him/her from personal knowledge as a fit and proper person for admission/election.

Full name of signatory

Occupation

Address

Period

 (Years)

Signature

(FCG/ACG/CA/LLB and membership number, if applicable)

Date

People with the following professional qualifications may recommend you:

- ACG
- FCG
- CA
- LLB

7. SUPPORTING DOCUMENTATION

- An updated CV is required as evidence of professional experience.
- Certified copies of academic qualifications and professional memberships.

8. PLEASE MARK THE APPROPRIATE INFORMATION WITH AN X

Home Language		X
Afrikaans	Afr	
English	Eng	
isiNdebele	Nde	
isiXhosa	Xho	
isiZulu	Zul	
Other	Oth	
South African Sign Language	SASL	
sePedi	Sep	
seSotho	Ses	
seTswana	Set	
siSwati	Swa	
tshiVenda	Tsh	
Unknown	U	
xiTsonga	Xit	

Socio economic status		X
Employed	01	
Not working – disabled person	08	
Not working – housewife/home maker	04	
Not working – not looking for work	03	
Not working – not wishing to work	09	
Not working – pensioner/retired person	07	
Not working – scholar/full-time student	06	
Unemployed, looking for work	02	
Not working – none of the above	10	
Unspecified	U	

Disabilities status code		X
None	00	
Communication (talking, listening)	03	
Disabled but unspecified	09	
Emotional (behavioural or psychological)	06	
Hearing	02	
Intellectual (difficulties in learning); retardation	05	
Multiple	07	
Physical (moving, standing, grasping)	04	
Sight (even with glasses)	01	

8. PLEASE MARK THE APPROPRIATE INFORMATION WITH AN X (continued)

Citizen resident status		X
Dual residence	D	
Outside RSA	O	
Permanent residence	PR	
RSA	SA	
Unknown	U	

Province		X
Western Cape	1	
Eastern Cape	2	
Northern Cape	3	
Free State	4	
KwaZulu-Natal	5	
North West	6	
Gauteng	7	
Mpumalanga	8	
Limpopo	9	
SA National (i.e.; In SA but province unspecified)	N	
Botswana	X	
Lesotho	X	
Eswatini	X	
Namibia	X	
Outside SA	X	

Nationality		X
Angola	ANG	
Asian Countries	AIS	
Australia and New Zealand	AUS	
Botswana	BOT	
British	EUR	
Central and South American countries	SOU	
European countries	EUR	
French	EUR	
Lesotho	LES	
Malawi	MAL	
Mauritius	MAU	
Mozambique	MOZ	
N/A: Institution	NOT	
Namibia	NAM	
North American countries	NOR	
Other and rest of Oceania	OOO	

PLEASE MARK THE APPROPRIATE INFORMATION WITH AN X (continued)

Nationality		X
Rest of Africa	ROA	
SADC except SA (i.e. NAM to ZAI)	SDC	
Seychelles	SEY	
South Africa	SA	
Swaziland	SWA	
Tanzania	TAN	
Unspecified	U	
Zaire	ZAI	
Zambia	ZAM	
Zimbabwe	ZIM	

Where did you hear about us?	X		X
Mailers		Social media:	
Conference		– Facebook	
Seminars and/or webinars		– LinkedIn	
Publications:		Posters	
– Boardroom		Fellow student/member	
– Business Day		Other (please elaborate)	
– Without Prejudice			
Website		Career guidance officer	

Please send all correspondence to:
 The Marketing and Membership Manager
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