



REQUEST FOR DUPLICATE MEMBERSHIP OR PPG CERTIFICATE

PLEASE NOTE: We require at least 3 months for the processing of a duplicate certificate once proof of payment has been received. Please attach a copy of your ID AND deposit slip / Receipt OR other method of payment to this request.

PERSONAL INFORMATION

Title:	<input type="text"/>	Student/Member Number:	<input type="text"/>
Full Name(s):	<input type="text"/>		
Surname:	<input type="text"/>		
Maiden Surname:	<input type="text"/>		
ID / Passport Number:	<input type="text"/>		
Physical Address: (For Courier)	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Country:	<input type="text"/>	Postal Code:	<input type="text"/>
Email Address:	<input type="text"/>		
Contact No:	<input type="text"/>		
Amount Paid:	<input type="text"/>		
Payment Date:	<input type="text"/>		

Signature

Date:

CERTIFICATE

Certificate type:	<input type="text"/>	Year:	<input type="text"/>
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ADMINISTRATION CONTROLLER

<input type="checkbox"/>	R595	Membership
<input type="checkbox"/>	R595	PPG



BY COURIER

- | | | |
|--------------------------|------------------|--|
| <input type="checkbox"/> | R0 | Collection from CGISA Offices |
| <input type="checkbox"/> | R245 | Gauteng, South Africa |
| <input type="checkbox"/> | R620 | Other provinces, South Africa (EC, FS, KZN, LP, MP, NC, NW, WC) |
| <input type="checkbox"/> | Price on Request | Southern Africa (Namibia, Lesotho, Botswana, eSwatini, Zimbabwe) |
| <input type="checkbox"/> | Price on Request | Other: International |

To request a price, please contact: +2711 551 4000 or info@chartgov.co.za

PAYMENT OPTIONS

- ☐ Electronic Funds Transfer (EFT)
- ☐ Direct deposit into the CGISA's bank account
- ☐ Card Payment at CGISA's office with a physical card
- ☐ Online payments via the CGISA's online portal

BANKING DETAILS

Account holder: Chartered Governance Institute Southern Africa

Bank details: Nedbank

Branch name: Braamfontein

Branch code: 19 87 65

Account number: 1968 298 991

Reference: Name, Surname and Student Number (**COMPULSORY**)

PERMISSION TO PROCESS YOUR PERSONAL INFORMATION

By ticking the box below:

- You consent to CGISA processing your personal information (including the information provided by you to CGISA in this form), in order for CGISA to fulfil its obligations to you pursuant to this form and agree that CGISA may send relevant communications to you for any purposes referred to in this document and/or in connection with CGISA's activities.
- You acknowledge that processing your personal information is in your legitimate interests and is necessary in order for CGISA to carry out its functions as requested by you in terms of this form.
- You agree to the terms of CGISA's [privacy policy](#) which sets out, inter alia, further information as to the personal information which CGISA processes, the purpose for such processing and your rights as a data subject.

☐ If you do not tick the box, CGISA will be unable to fulfil its functions in terms of this form.

Should any of your details change, please notify us of same so that our records are as accurate as possible.