



**The Institute of
Internal Auditors
South Africa**

IAT/GIA DESIGNATION APPLICATION FORM

Please complete and fax this form to 011 450 1070 attention Education and Training Department

MEMBERS INFORMATION

IIA MEMBER NO.:		ID NO.:			
TITLE:	INITIALS:	FULL NAMES:			
SURNAME:					
GENDER:	FEMALE <input type="checkbox"/>	MALE <input type="checkbox"/>			
RACE:	AFRICAN <input type="checkbox"/>	ASIAN <input type="checkbox"/>	COLOURED <input type="checkbox"/>	WHITE <input type="checkbox"/>	OTHER <input type="checkbox"/> (please specify)
PERSONAL POSTAL ADDRESS:		ORGANISATION POSTAL ADDRESS:			
POSTAL CODE:		POSTAL CODE:			
TEL (W):	TEL (H):	MOBILE:			
FAX:	E-MAIL:				
ORGANISATION:					
POSITION:					
DESIGNATION APPLIED FOR:	IAT <input type="checkbox"/>	GIA <input type="checkbox"/>			
CURRENT QUALIFICATION /S:					
IA EXPERIENCE:					
<p><i>I certify that the information supplied is complete and accurate. If designated, I undertake to abide by the Code of Ethics of the IIA SA. I also undertake to advise of any changes to my details.</i></p>					
PRINT NAME:	SIGNATURE:	DATE:			

BANKING DETAILS FOR THE INSTITUTE OF INTERNAL AUDITORS SA

Name: Nedbank Eastgate - **Type:** Current Account - **Account Number:** 1924210053 - **Branch Code:** 192405

Please quote our invoice number as the deposit slip reference and fax the deposit slip to 011 450 1070 or if you don't have the invoice number please insert your membership number.

FOR OFFICE USE ONLY

REGION: <input type="checkbox"/>	MEMBERSHIP CHECKED: <input type="checkbox"/>	FEES PAID: <input type="checkbox"/>
QUALIFICATION CHECKED: <input type="checkbox"/>	EXPERIENCE CHECKED: <input type="checkbox"/>	ASSESSOR DESIGNATE: <input type="checkbox"/>
DATE OF ASSESSMENT: <input type="checkbox"/>	RESULT: <input type="checkbox"/>	MEMBERSHIP UPDATED: <input type="checkbox"/>
DATE APPROVED:	SIGNATURE:	