



South African Insurance Association

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APPLICATION FOR MEMBERSHIP OF THE SOUTH AFRICAN INSURANCE ASSOCIATION

(Application for membership of The SAIA should incorporate the following)

Name of Company	
Managing Director / CEO	
Address (Physical)	
Address (Postal)	
Telephone Number	
Fax Number	
E-mail address (of MD/CEO)	
Name and E-mail address of Personal Assistant to MD	
Website	
Date of Registration as a Company	
Company Registration Number	
Date of Registration with the FSB as an Insurance Company	
FSB Registration number as Short- term Insurance Company (Copy of registration form if possible)	
Chairman	

Directors	
Classes of Business	
Financial Year End	
VAT Registration number	
Auditors	
Contact person – name and e-mail address (if not the same as Managing Director)	
Shareholders (optional)	

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