Southern African Auditor & Training Certification Association

APPLICATION FOR RETIRED REGISTRATION

- Please print or type all information clearly in BLOCK CAPITALS
- Only fully completed applications will be considered. Please submit your applications to:
- SAATCA, PO Box 143, Persequor Park, Brummeria 0020, South Africa
- Confirmation of previous SAATCA membership to be included to this application.

FOR OFFICE USE ONLY	
Reference No.	
Previous No:	
Date	
Data entry	

REGISTRATION INFORMATION

SURNAME													TITLE (tick) Mr ρ Mrs ρ Ms ρ Dr ρ Prof ρ						
FIRST NAMES																			
ID No.:													DATE OF BIRTH	Y	Y	M	M	D	D

HOME ADDRESS	POSTAL ADDRESS
POSTAL CODE	POSTAL CODE
TELEPHONE:	FAX ( )
MOBILE:	E-MAIL

PREVIOUS EMPLOYER	JOB TITLE

REGISTRATION AGREEMENT:

I the, the undersigned, confirm that I am no longer primarily engaged or derive an income from activities involving management system consulting and/or auditing.

PREVIOUS SAATCA CERTIFICATIONS	CERTIFICATE No:	DURATION OF CERTIFICATION

PLEASE INDICATE HOW YOU PREFER TO RECEIVE SAATCA INFORMATION BY TICKING THE APPROPRIATE BLOCK

POST	E-MAIL	FAX	Web site

APPLICANT'S SIGNATURE	DATE