

FIPSA APPLICATION FORM

PERSONAL DETAILS OF APPLICANT:

SURNAME (Maiden Surname also, if married)	FULL NAMES	ID NUMBER

CONTACT DETAILS: COMPANY / PLACE OF BUSINESS:

FULL / COMPLETE ADDRESS	TEL NO	EMAIL ADDRESS	CELL NUMBER

ALTERNATIVE CONTACT DETAILS:

FULL / COMPLETE ADDRESS	TEL NUMBER	EMAIL ADDRESS	CELL NUMBER

FORMAL / INFORMAL QUALIFICATIONS:

YEAR OBTAINED	INSTITUTION	HIGHEST QUALIFICATION

DETAILS OF EMPLOYMENT AND YEARS OF EXPERIENCE IN IMMIGRATION

WORKED FOR / AT:	CONTACT DETAILS	FROM MOTH / YEAR	TILL MONTH / YEAR

--	--	--	--

THE FOLLOWING DOCUMENTATION ACCOMPANIES MY APPLICATION FOR MEMBERSHIP:

TYPE OF DOCUMENT		YES	NO	REASONS IF NOT
IDENTITY DOCUMENT				
CURRICULUM VITAE				
PROOF OF BUSINESS REGISTRATION, IF APPLICABLE				
REGISTRATION WITH SARS, AS APPLICABLE	BUSINESS			
	SELF			
PREVIOUS IP CERTIFICATE, IF APPLICABLE				
PROOF APPLICATION FOR SA POLICE CLEARANCE				
IF APPLICABLE, ANY REFERENCE LETTERS				
A PORTFOLIO OF EVIDENCE OF IMMIGRATION MATTER / INVOLVEMENT, FOR THE LAST FIVE YEARS (Attorneys)				

SCREENING FEES: R 875.00

This fee should be paid into the bank account as mentioned beneath, by using the code / reference [Initial + SCF] {example [GJVR-SCF]}.

Such funds will be used to do a formal record check on the applicant. Once paid, the proof of payment (PoP) should please be forwarded to treasurer@fipsa.org.za from where a confirmation Invoice || Statement will be issued in acknowledgement of same.

FORUM OF IMMIGRATION PRACTITIONERS (FIPSA)			
Bank:	First National Bank	Account No:	625 7711 1661
Branch Code:	006 – 201709 (Long Street, Gardens C/Town	Type Account:	Cheque

Any other details which you as applicant wishes to provide in the consideration of the application / request.

By signing this form, I declare the following:

- That the information provided above, is indeed true and correct; and
- That the certified copies of documentations presented, duly so reflect a true copy of the originals in my possession.

I furthermore also grant FIPSA (Forum of Immigration Professionals of South Africa) the right to do a full record check on the credentials, as provided.

Signed at _____ on this _____ day of _____ 20____ at _____

SIGNATURE: _____