



Associate Membership

APPLICATION FORM

NOTE:

Not only those who wish to become arbitrators, but also those who encounter the processes of arbitration and wish to learn more about this procedure, will benefit from becoming a member of the Association.

WHERE DID YOU HEAR ABOUT THE ASSOCIATION?

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NOTE:

Upon receipt of your Membership Application Form, the Association will forward a tax invoice to you for payment of the Application Fee. Your application will only be processed once we have received your correctly completed Application Form, your accompanying documentation and payment of the Application Fee. Proof of payment must state the correct tax invoice number and must be sent to coursecoordinator@arbitrators.

DESCRIPTION	COST INCL. VAT
Membership Application Fee (once-off, non-refundable):	R920.00

PERSONAL DETAILS:

NOTE: Please state your full names as stated in your ID/Passport Document.

Title:	.....	Physical Address:	.....
Surname:	.....	
First Name:	.....		Code:
Other Names:	.....	Postal Address:	.....
Gender:	.....	
ID/Passport No.:	.....		Code:
Date of Birth:	.....	Tel. (Day):	.....
Nationality:	.....	Tel. (Evening):	.....
First Language:	.....	Cell:	.....
Other Languages:	.....	Email:	.....

CURRENT EMPLOYMENT DETAILS:

Name of Employer:	.....	Employer's Physical Address:	.....
Employer's Tel.:	.....	
Employer's Email:	.....		Code:
Employer's Website:	.....	Employer's Type of Business:	.....

PROFESSIONAL PROFILE:

NOTE: Please attach a copy of your abridged CV hereto AND a copy of your passport photo, both with ORIGINAL certifications.

Your Primary Profession:	.....	Your Professional Specialisation (if any):	.....
Length of Practice:	.....	Your Job Role:	.....

QUALIFICATIONS:

NOTE: Please attach copies of all qualifications, with ORIGINAL certifications.

Do you have academic or professional qualifications? If YES please specify below. If NO please strike out this section. Please provide details of any relevant technical, academic and professional examinations passed. We cannot process your application without this information.

Institution	Qualification	File Name	Year Obtained
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ADR TRAINING:

NOTE: Please attach copies of all certificates, with ORIGINAL certifications.

Have you completed any courses in arbitration?

Institution	Course Name	File Name	Year Obtained
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Have you completed any courses in adjudication?

Institution	Course Name	File Name	Year Obtained
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ADR TRAINING CONT. ...:

Have you completed any courses in mediation?

Institution	Course Name	File Name	Year Obtained
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PROFESSIONAL OR OCCUPATIONAL INSTITUTES:

NOTE: Please attach copies of all membership certificates, with ORIGINAL certifications.

Are you a member of any professional or occupational institutes? If YES please specify below. If NO please strike out this section.

Name of Body	Grade (if applicable)	Membership Number	File Name	Date Admitted
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PUBLIC OFFICES:

Please list any public offices held.

Public Office	Date From	Date Until	File Name
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PRIOR CONDUCT:

NOTE:

- This information is held in confidence. Applications will be judged on an individual basis. Answering yes to any of these questions will NOT automatically exclude you from membership;
- You are required to attach 2 (TWO) character references to this application, with ORIGINAL certifications. By your signature hereto you consent to the Selection Committee verifying these references for accuracy.

PRIOR CONDUCT CONT.:

Have you ever been expelled from or disciplined/reprimanded by a regulatory or professional body?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Has an application for insolvency ever been made against you or has a company of which you were a director ever gone into compulsory or voluntary liquidation on grounds of insolvency?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Are there any outstanding judgments against you?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Have you ever been convicted of an offence in any court (other than a motoring offence not resulting in disqualification)?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Have you ever been removed from an office of trust?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Have you ever been convicted of a crime of dishonesty (theft, fraud, etc.), without option of a fine?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

INVOICE DETAILS:

NOTE: In order to receive a tax invoice, these details must be completed in full. Mark "Company" and/or "VAT No." as "N/A" if the invoice is to be made out in your personal name and you are not a registered VAT vendor.

Company:	.....	Postal Address:	.....
Attention:	.....		.....
Email:	.....		Code:
VAT No.:	.....	Tel. No.:	.....

NOTE:

- All certifications of documents must NOT be older than 3 months and must be ORIGINAL certifications;
- Submit your completed Application Form, together with the requested documents, to Mandisa (coursecoordinator@arbitrators.co.za);
- Upon confirmation of your membership in principle, we must receive the requested documents, with ORIGINAL certifications, before your Membership Certificate is issued in full confirmation of your membership of the Association;
- You will be required to pay the prescribed annual subscription fee (R984.00 incl.) within 30 days of notification that this Application has been approved and accepted, together with a tax invoice, in order to register your membership.

DISCLAIMER:

Associate Members do NOT qualify for appointments as arbitrators until Fellow Membership has been obtained. The Association of Arbitrators (Southern Africa) NPC does not sanction, and will not be held liable, for the conduct of any members conducting private arbitrations.

DECLARATION:

- I hereby apply for Associate Membership of the Association of Arbitrators (Southern Africa) NPC ("the Association"). If admitted, I agree to comply with the Code of Conduct (including any subsequent amendments and/or alterations made thereto) and any regulations made or to be made for carrying them into effect.
- I accept that the Association may determine any suspensive or resolutive conditions with which I must comply in order to become a member or maintain my membership of the Association, including the successful completion of any further studies which may be required.
- I declare that, to the best of my knowledge, the information given on this form is correct. I understand and agree that, if I make any false statements, submit false information or fail to disclose information requested in this Application, I will be subject to discipline pursuant to the Code of Conduct, notwithstanding the Association's right to immediately terminate my membership.
- I understand that completion of this Application Form does not in itself guarantee or create any expectation of my acceptance for membership by the Association.
- Once I become a member, I accept that I am bound by the Association's Rules.
- I understand and accept that, should my Application be accepted by the Association, this will not entitle me to accreditation as either an Associate or a Fellow, unless and until I have completed the requisite courses and paid the requisite fees, or have been exempted by the Board.
- I undertake to pay the prescribed annual subscription fee within 30 days of receipt of notification that my Application has been approved and accepted.

CONFIRMATION:

I accept the Terms and Conditions of the Association of Arbitrators (Southern Africa) NPC, as stated herein.

Signature: Date:

**HAVE YOU FOLLOWED ALL THE INSTRUCTIONS ABOVE?
PLEASE ENSURE YOU FOLLOW ALL THE INSTRUCTIONS ABOVE!!!**