



# APPLICATION FORM (2023)

## For Associate Membership

First Time Application: ☐

Re-admission Application: ☐

HOW DID THE ASSOCIATION OF ARBITRATORS (SOUTHERN AFRICA) NPC ("the Association") COME TO YOUR ATTENTION?

**PLEASE NOTE:**

Your application will only be processed upon 1) receipt of your completed and signed application form with all the required annexures and 2) receipt of full payment of the prescribed once-off membership application fee (non-refundable) and the prescribed annual membership subscription fee (refundable in the event of an unsuccessful application). Your completed and signed application form with the required annexures and proof of payment must be submitted to our Course and Member Manager at [coursecoordinator@arbitrators.co.za](mailto:coursecoordinator@arbitrators.co.za).

**BANKING DETAILS:**

Account holder: The Association of Arbitrators (Southern Africa) NPC  
Bank: First National Bank Ltd  
Current account number: 628 138 641 06  
Branch: Sandton City  
Branch code: 254 605

**DESCRIPTION OF FEES PAYABLE**

**FEES INCLUSIVE OF VAT**

1)	Membership Application Fee (once-off and non-refundable):	R 1 000.00
and		
2)	Annual Membership Subscription Fee (refundable in the event of an unsuccessful application) payable as follows:	
a)	If application and payment are received before 1 July 2023:	a) R 1 100.00
or		
b)	If application and payment are received between 1 July 2023 and 31 October 2023:	b) R 550.00
or		
c)	If application and payment are received between 1 November 2023 and 31 December 2023, the full prescribed annual Membership Subscription Fee for 2024:	c) (To be announced)

**PERSONAL DETAILS:**

**PLEASE NOTE: State your full names and surname as they appear on your Identity/Passport Document.**

Title:		Physical Address:	
Surname:			
First names:		Province:	Code:
Preferred name:		Country:	
Gender:		Postal Address:	
ID/Passport No:			
Date of Birth:		Province:	Code:
Nationality:		Country:	
First Language:		Tel. (Work):	
Other Languages:		Tel. (Home):	
Email Address:		Mobile Number:	

**CURRENT EMPLOYMENT DETAILS:**

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

**PROFESSIONAL PROFILE:****PLEASE NOTE: Attach a copy of your abridged CV together with a full-colour copy of a recent passport/ID photo of yourself.**Your primary  
profession:

.....

Your professional  
specialisation (if any):

.....

Duration of practice:

.....

Your employment  
designation:

.....

**QUALIFICATIONS:****PLEASE NOTE: Attach certified copies of all qualifications.**

Do you have academic or professional qualifications? If so, please specify below. If not, please strike out this section. Please provide details of any relevant technical, academic and/or professional examinations passed. We cannot process your application without this information.

Institution	Qualification	File Name	Year Obtained
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**ADR TRAINING:****PLEASE NOTE: Attach certified copies of all certificates.**

Have you completed any courses in arbitration?

Institution	Course Name	File Name	Year Obtained
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

Have you completed any courses in adjudication?

Institution	Course Name	File Name	Year Obtained
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

Have you completed any courses in mediation?

Institution	Course Name	File Name	Year Obtained
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**PROFESSIONAL OR OCCUPATIONAL INSTITUTES:****PLEASE NOTE: Attach certified copies of all membership certificates.**

Are you a member of any professional or occupational institutes? If so, please specify below. If not, please strike out this section.

Name of Institute	Grade/Status (if applicable)	Membership Number	Date admitted	Expiry Date
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

**PUBLIC OFFICES:**

Please list any past or present public offices held.

Name of Public Office	Date From	Date Until	Institute/Department
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**PRIOR CONDUCT (PLEASE ✓):****PLEASE NOTE:**

All information in this document is held in confidence. Applications will be considered on an individual and confidential basis. You are required to attach two-character references to this application. By your signature hereto you consent to the Association verifying such character references. If your answer to any of the questions below is yes, please provide complete details in a separate annexure hereto.

Have you ever been expelled from or disciplined/reprimanded by any regulatory or professional body?

Yes: ☐No: ☐

Has an application for sequestration/liquidation/business rescue ever been made against you and/or an enterprise of which you were a member/director?

Yes: ☐No: ☐

Are there any unpaid civil judgments against you?

Yes: ☐No: ☐

Have you ever been convicted of any criminal offence (other than a road traffic offence not resulting in license suspension/disqualification)?

Yes: ☐No: ☐

Have you ever been removed from or declared unfit to hold any position or office of trust?

Yes: ☐No: ☐**INVOICE DETAILS:****PLEASE NOTE:**

In order to receive a tax invoice, the following 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/Name:	.....	Physical Address:	.....
Attention:	.....		.....
Email:	.....	Province:	.....
VAT Reg. No.:	.....	Country:	.....
Tel. No.:	.....	Fax. No:	.....
		Postal Code:	.....

**PLEASE NOTE:**

- **Submit your signed and completed application form together with the requested documents AND proof of payment to our Course and Member Manager at [coursecoordinator@arbitrators.co.za](mailto:coursecoordinator@arbitrators.co.za);**
- **Your application for Associate Membership will only be considered once this application form is fully completed and signed with all of the required documents annexed thereto, and once we have received full and bank cleared payment. If Associate Membership is approved by the Board, a membership number will be allocated and an Associate Membership certificate valid for the fee year in question will be issued upon request.**

**PROTECTION OF PERSONAL INFORMATION:**

The Association will not share your personal information without your consent. However, in processing your personal information, the Association may share it with third party processors such as payment processors, email management and distribution tools, and/or data storage providers.

**DISCLAIMER:**

Associate Members are not eligible for appointment as arbitrators, adjudicators or mediators by the Association until Fellow Membership status has been obtained. The Association does not sanction and accepts no liability for the conduct of any member conducting any private arbitration, adjudication, mediation or other ADR process.

**DECLARATIONS, UNDERTAKINGS, TERMS AND CONDITIONS:**

- I hereby apply for Associate Membership of the Association. If accepted as a member, I agree to comply with the Association's Company Rules, Memorandum of Incorporation and Code of Conduct including any subsequent amendments and/or alterations thereto and any regulations, rules, policies or resolutions 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, without limitation, the successful completion of 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 accept that, if I have made any misrepresentations, submitted false information or failed to disclose information requested in this document, I will be subject to discipline pursuant to the Code of Conduct and the Association's may terminate or suspend 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.
- I specifically undertake to comply with the condition that annual membership subscription fees for any particular year (the fee year) as prescribed by the Board from time to time shall become due and payable by no later than the 31<sup>st</sup> day of December of the year preceding the fee year.
- I understand and accept that interest shall accrue on the payment of membership subscription fees after the 31<sup>st</sup> day of December of the year preceding the fee year, calculated at the prescribed statutory mora interest rate applicable at the time of default.
- I understand and accept that having received one final written notice at my e-mail address as furnished to the Association to rectify payment default with interest by a date specified in the notice, my membership shall be terminated by the Board without further notice if my membership subscription fees are not paid in full by the 28<sup>th</sup> day of February of any fee year.
- I understand and accept that termination of membership for payment default shall not relieve me of liability for any amount due to the Association.
- I understand and accept that, if my admission fees and/or annual membership subscription fees are paid or to be paid by an employer or any third party, I shall remain personally liable to the Association for the timeous payment thereof and that I shall remain personally responsible to make arrangements with the Association for any account statement or VAT invoice requirements arising from admission fee and/or annual membership subscription fee payments by an employer or third party.
- I understand that membership terminated for payment default shall not be reinstated automatically upon payment of the debt owing.

**CONFIRMATION:**

**I hereby make application for Associate Membership and I accept the Terms and Conditions of the Association of Arbitrators (Southern Africa) NPC as stated herein.**

Signature: .....

Date: .....

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Application considered and found compliant by **Course and Member Manager**.

Yes: ☐

No: ☐

Date: .....

Name: .....

Signature: .....

Application considered and found compliant by **Accounting Manager**.

Yes: ☐

No: ☐

Date: .....

Name: .....

Signature: .....

Application considered and found compliant by **General Manager**.

Yes: ☐

No: ☐

Date: .....

Name: .....

Signature: .....

Application considered and approved by delegate of the **Board of Directors**.

Yes: ☐

No: ☐

Date: .....

Name: .....

Signature: .....