APPLICATION FORM TO REGISTER AS REGISTERED GOVERNMENT AUDITOR (RGA) 2018



Please complete this form in block letters.

The application form has to be accompanied by

- a copy of your ID,
- a copy of the Professional Examination Certificate that was issued to you when passing the Qualifying Examination for Registered Government Auditors
- a copy of your GAE completion certificate.

The following fees are payable to SAIGA: (registration can only proceed after proof of payment has been received)
Registration fee to join (once-off amount) of R7.000.00 (VAT incl)
Annual membership fee: R6, 726.00(VAT incl).

The membership is payable for the period ending 31 March 2019.

Please e-mail the completed application form, the required documentation and fees to: The Secretariat: e-mail: manager@saiga.co.za (Tel 012 004 0741)

A VAT invoice for the above amounts will be made out and posted to you with the RGA certificate (or the Auditor-General if they paid on your behalf).

Title \$	Surname				Initials	Full first names				
ID Number			Citizens	hip	Age Home		e language	age Race		
Postal address					Residenti	sidential address				
			Code .							
E-mail address						Post sent to which address:	Postal	Residen tial		
Phone numbers (home)			Code Cell or Tel			Fax				
Phone numbers (work)			Code Tel		1		Fax			
Current employer					professi	To which other professional bodies do you belong				
Declaration:										
I hereby apply to be registered as a member of the Southern African Institute of Government Auditors (SAIGA). I understand that this membership will entitle me to the designation RGA (Registered Government Auditor). I agree to uphold the Constitution of the Institute and accept the provisions of the Constitution *** that also sets out the basis of the relationship between the Institute and its members. I accept the INTOSAI Code of Ethics for government auditors. I declare that all particulars furnished on this form and supplied with this application, are true and correct. I understand that the provision of false or incorrect information will disqualify me from becoming a RGA.										
Date:/20				_	Signature of applicant					
For officion	al use	Receive	d 	Proces	sed	Rep	lied	Note		
SAIGA BANKING DETAILS: NEDBANK, Account No: 1602238006,Branch: Hatfield, Branch No: 160245,Reference: TA/RGA number										