

# APPLICATION FORM TO REGISTER AS SAIGA TRAINEE AUDITOR 2018



**Please complete this form in block letters.**

The following fees are payable to Southern African Institute of Government Auditors (SAIGA): Registration fee (once-off amount) of (R2 000.00VAT incl)

Annual membership fee. Annual fee of R3 000.00 VAT incl). This amount is for the year ending 31 December 2019. Please submit the completed application form, together with a copy of your ID document to Ms Karen Jordaan (AGSA). She will arrange for payment and send your application to the SAIGA Secretariat: e-mail to: [manager@saiga.co.za](mailto:manager@saiga.co.za) (Tel 012 004 0741)

A VAT invoice for the above amounts will be made out and posted to the AGSA.

After payment has been received, you will receive a letter confirming your registration as trainee auditor from SAIGA together with your trainee auditor number

**Please note that no certificates are issued for trainee auditors with registration.**

Title	Surname	Initials	Full first names	
ID Number	Citizenship	Age	Home language	Race
Postal address. .... ..... ..... Code .....		Residential address. .... ..... ..... Code .....		
Phone numbers (home)	Code	Tel	Fax	
Phone numbers (work)	Code	Tel	Fax	
E-mail address				
Details of academic / professional qualifications (no need to attach documents)	.....			
Date on which you commenced your practical work with the AGSA	...../...../20....			
Current employer (name and address)	To which other professional bodies do			
Are you employed in a "Manager" post or higher	YES/NO	Have you completed your required period of practical training (Government Auditing Experience – AGE)	YES/NO	
State the period (years) for which you have signed				
Are you enrolled for or completed any other learnership(s)? (if so, provide details) e.g.				
Declaration: I hereby apply to be registered as a trainee auditor with the Southern African Institute of Government Auditors (SAIGA). I hereby confirm that it is my intention to become a full member of the Institute (Registered Government Auditor - RGA) and to educate myself and study towards mastering the Common Body of Knowledge and Skills (COBOKS for RGA). I also confirm that I will strive to adhere to the Government Auditing Experience (GAE) requirements as published by the Institute. 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: ...../...../201	Signature of applicant .....			
For official use	Received	Processed	Replied	Note
<b>SAIGA BANKING DETAILS:</b> NEDBANK, Account No: 1602238006, Branch: Hatfield, Branch No: 160245, Reference: TA/RGA number				