GROUP & INDIVIDUAL MEMBERSHIP APPLICATION FORM 2025/2026

CIAGOL (SA)
Chartered Institute of Audit Governance, Oversight and Leadership (SA)

1. SPONSOR COMPANY INFORMATION:

Company/ Business: _____

1.2 Number of Internal Control Practitioner in the company?
_____

1.2 Number of Performance Practitioners in the company?
_____

1.3 Number of Internal Auditors in the company? _____

Please indicate clearly if this is an all-inclusive sponsorship for all employees and departments of above-mentioned company or if it is limited to specific departments:

☐ All inclusive

☐ Limited to staff in the following Departments:

_____

_____

2. CORPORATE MEMBERSHIP (R3 950.00)

2.1 GORPORATE MEMBERSHIP PLUS (R43 500.00)

Entitles the company to register up to 50 staff for to obtain FREE Affiliate Status plus 5% Discount for Conferences, Seminars, Webinars and Training

2.1 GROUP PROFESSIONAL MEMBERSHIP FEES.

- Registration Fee – R 500,00 Non-Refundable
- Affiliate Member-R 875,00 Annual Fee
- Certified Member- R 1600
- Professional & Dual Member- R 1 950.00
- 0 2 - 20 Affiliate Members - R 27 000.00
- 21 - 39 members- R 39 000.00

Please note: These subscription fees exclude dual membership to International ICI membership fees.

If CIAGOL SA's Corporate Member/ Group Member wishes to resign or cancel their Membership within the membership period, the company will have the opportunity to do so only at the end of the company's membership anniversary term by giving 30 days' written notice. There will be no refunds granted. Rates subject to change.

BANK NAME: FNB **ACC HOLDER:** CIAGOL SA
ACC NO: 63047701403 **ACC TYPE:** BUSINESS ACCOUNT
BRANCH NAME: MALL @ CARNIVAL
BRANCH CODE: 210243

REFERENCE NO: Company followed by "Subs"

3. BILLING INFORMATION

(Full details as it should appear on the invoice)

Company/Organization: _____

Dept/Cost Centre: _____

Billing Postal Address: _____

_____ Postal Code: _____

E-mail Billing Address: _____

Company VAT no _____

4. REGISTRATION OF MEMBERS

A separate application form for each member joining under the status of Group Membership must be submitted together with this application form. Should a member resign, the Institute must be notified in witting.

5. DESIGNATED EMPLOYEE (S)

Please appoint a staff member to act as liaison with the CIAGOL SA on administrative and/or billing issues.

Contact Person for Administrative and Membership Issues

First Name: _____

Surname: _____

Cellular Telephone Number: _____

Work Telephone Number: (_____) _____

Work Fax Number: (_____) _____

Work E-mail Address: _____

Contact Person for billing enquiries:

First Name: _____

Surname: _____

Cellular Telephone Number: _____

Work Telephone Number: (_____) _____

Work Fax Number: (_____) _____

Work E-mail Address: _____

6. CERTIFICATION & AUTHORIZATION

I the undersigned (Initial and surname):

_____

In my capacity as (Business title):

_____

For and on behalf of (Company name):

_____

And duly authorized thereto, hereby confirm that the company takes responsibility for:

- **Payment of Annual Membership fees**
- **Vetting and monitoring of staff members**

I further declare that the information contained in this application is true and correct, and that we shall comply with all the rules applied by the CIAGOL – Southern Africa.

_____ _____

Signature **Date**

FOR OFFICE USE ONLY

Membership Number: _____

Date Approved: _____

Notification of Membership: · Yes _____

Membership Fee Received: · Yes · No