



APPLICATION FOR MEMBERSHIP OF SAHERPA

Please complete this form and fax it to:

Mr Paul Rosenbrock
SAHERPA
(021) 592 1284

Applicant Details

Name of organisation / individual: _____

Trading name (if not the same as above): _____

Registration / identity number: _____

Postal address: _____

Physical address: _____

Contact person: _____

Designation of contact person: _____

Telephone number: _____

Fax number: _____

Mobile telephone number: _____

E-mail address: _____

Website: _____

Type of Membership

Type of SAHERPA Membership applied for - please tick (✓) one block only:

- | | |
|-------------------|--------------------------|
| Supplier Member | <input type="checkbox"/> |
| Adviser Member | <input type="checkbox"/> |
| Associate Member | <input type="checkbox"/> |
| Special Member | <input type="checkbox"/> |
| Observer Member | <input type="checkbox"/> |
| Affiliated Member | <input type="checkbox"/> |

Nature of Applicant's business and / or interest in the Home Equity Release industry:

Authorisation & Acknowledgement

The person representing the above-named Applicant for SAHERPA Membership warrants and confirms that he / she is duly authorised to apply for such membership on behalf of the Applicant, and that, in the course of doing so, has familiarised himself / herself with the basis of operation and all requirements associated with SAHERPA Membership, as detailed on SAHERPA's website (www.saherpa.org.za).

The Applicant acknowledges that SAHERPA will assess this application for Membership in its sole and absolute discretion, and notes that SAHERPA can and will stipulate all supporting documentation and other associated information that should be supplied to SAHERPA in order for such application to be considered. The fact that an application is being made, and the fact that non-refundable fees may need to be paid in order for such application to be considered, in no way guarantees approval of this application.

SIGNATURE

DATE