



# Professional Practice Group



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## PRACTISING CERTIFICATE APPLICATION FORM

### Personal Details

Title Mr/Mrs/Miss/ Ms/Other	Qualifications FCIS/ACIS/Other (specify):	Membership No:  ID:	Practising Certificate Number:
First Names: ..... Surname:		Registered Tax Practitioner? Number: YES <input type="checkbox"/> NO <input type="checkbox"/> .....	
<b>Please attach SARS tax clearance certificate</b>			

### Practice Details

Name of Practice	
Physical Address	
	Code
Postal Address	
	Code
Phone (    )	Fax
Cell Phone (    )	E-mail

**Size of Practice Services Offered**     Up to 10 Clients     11 to 50 Clients     51 to 100 clients     More than 100 Clients

- |  |  |   |   |  |
|--|--|---|---|--|
| <input type="checkbox"/> Accounting/Bookkeeping              | <input type="checkbox"/> Taxation Consulting                   | <input type="checkbox"/> Sectional Title Schemes    | <input type="checkbox"/> Business Start-up and Registration | <input type="checkbox"/> Management Consulting |
| <input type="checkbox"/> Risk Management and Insurance       | <input type="checkbox"/> Payroll Services                      | <input type="checkbox"/> Human Resources Consulting | <input type="checkbox"/> Estate Administration              | <input type="checkbox"/> Trust Administration  |
| <input type="checkbox"/> LISTED Company Secretarial Services | <input type="checkbox"/> UNLISTED Company Secretarial Services |   |   |  |

### Are you an Accounting Officer for:

- |   |                                  |  |  |                                |
|---|----------------------------------|--|--|--------------------------------|
| <input type="checkbox"/> Close Corporations | <input type="checkbox"/> Schools | <input type="checkbox"/> Micro Lenders | <input type="checkbox"/> Sectional Title Schemes | <input type="checkbox"/> Other |
|---|----------------------------------|--|--|--------------------------------|

### Website

Your practice will be listed on the PPG section of the website.

**Continuing Professional Development:** Please record your CPD hours online by logging on the members section on the website. Remember to read and adhere to the "Code of Conduct".

Would you be interested to serve on the Professional Practice Group committee?    YES     NO

### Payment details:

The annual fee for 2016 is R762.00 (including VAT) payable to: **Chartered Secretaries Southern Africa**  
**Please submit proof of payment together with the form (where applicable)**

Debit my credit card No:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Expiry date:
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	CVV No.:

EFT:Chartered Secretaries Southern Africa, Standard Bank; Braamfontein Code 00 48 05 Account number: 00 289 8608

I enclose cheque number \_\_\_\_\_ for the amount of R..... (including VAT).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_