

4. PRESENT EMPLOYMENT**(Complete only if applicable)**Name and address of employer
(if applicable)**(Place a (√) in the appropriate box)**Capacity in which you are
employed (if applicable)Industry / Commerce Local Government Sector Central Government Sector Accounting Practice Student Scholar

Telephone No.

Parastatal **5. ROUTE TO SAAA QUALIFICATION**

Applications should indicate by ticking (√) the appropriate box alongside which one of the course alternatives they intend to follow and should ascertain the availability of the course selected before completing this form

Part Time Full-Time Self Correspondence
(Indicate where applicable)**6. DECLARATION**

I decided that the information given in this application is true and complete to the best of my Knowledge and belief and acknowledge that any statement in which is false may invalidate the Application and any decision reached thereon by the Association

Signed _____

Date _____

(Delete the Inapplicable)

7. SUBJECT EXEMPTIONS			FOR 'SAAA' OFFICIAL USE ONLY.
Subjects(s) for which Exemption is claimed	Subjects Course successfully Completed	Month & year in which obtained	
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			

RECOMMENDATION**References:**

1. _____ Tel: _____

2. _____ Tel: _____

OFFICE USE ONLY

Eligibility verified _____

Results notified _____

Address List up dated _____

Registration Fee \$ _____

Subscription \$ _____

Exemption Fee \$ _____

Other \$ _____

Total \$ _____

Receipt No _____

Registration No _____

Registrar's Signature: _____

Date: _____