

# APPLICATION: CORPORATE MEMBERSHIP

### **SECTION A: ORGANISATION INFORMATION**

| Registered Name of<br>Organisation   |  |
|--|--|
| Trading Name of Organisation   |  |
| (if different from above)  |  |
| How is your Organisation incorporated (legal status)  Required: Annexure A1  Documentary proof of organisation's legal status (letter of authority/CK1 or CK2/Certificate of confirmation) | Sole Proprietorship Company Registered in terms of the Companies Act Government/Parastatal/Organ of the State Non-profit company registered in terms of the Companies Act Joint venture Foreign company Partnership Statutory Body (established in terms of an act) Other (please specify) |
|  |  |
| Organisation Registration<br>Number  |  |
| Income Tax Number  |  |
|  |  |
| Required: Annexure A2  Tax clearance certificate issued by the South African Revenue Services  |  |
|  |  |
| Vat Registration Number  |  |
| Physical address   |  |
|  |  |
|  |  |
|  |  |
| Postal address   |  |
| Tostal address   |  |
|  |  |
|  |  |
|  |  |
|  |  |

|   | Telephone Number   |  |      |   |
|---|--|--|------|---|
|   | - 9.13   |  |      |   |
|   | Email Address  |  |      |   |
|   | Web Address  |  |      |   |
|   | Fax number (if applicable)   |  |      |   |
|   |  |  |      |   |
|   | Authority Identification   | Authority Identification                                 | Mark | Details of Licence and list of categories as authorised |
|   | Select the column that<br>describes the business<br>authority of your<br>organisation enabling you to<br>perform authorised activities | Authorised by an Exchange (local/international)          |      |   |
|   | If your organisation does<br>not fall within one of these<br>categories select 'other' and   | Licensed Financial Services Provider                     |      |   |
| specify details)  Required: Annexure A4 exchange authority and/or license |  | Other (local/international)                              |      |   |
|   |  |  |      |   |
|   | Business classification  | Business Classification                                  | Mark | Explanation (Provide short description of service)      |
|   | Select the subsector that best describes the business  | Financial markets e.g. equities, derivatives, bonds, OTC |      |   |
| activities of your organisation   |  | Investment and portfolio management                      |      |   |
|   |  | Administration and settlement                            |      |   |
|   |  | Hedge funds  |      |   |

Asset management

Other

|        | Product Identification                             | FINANCIAL MARKET<br>PRODUCTS (spot or cash) | Mark | FINANCIAL MARKET PRODUCTS (derivatives) | Mark |
|--------|--|---|------|---|------|
| produc | Please indicate which products are offered by your | Foreign exchange market                     |      | Foreign exchange market                 |      |
|        | organisation                                       | Money market                                |      | Money market                            |      |
|        |  | Bond and long term debt market              |      | Bond and long term debt market          |      |
|        |  | Equity market                               |      | Equity market                           |      |
|        |  | Commodities market                          |      | Commodities market                      |      |
|        |  | Other (explain)                             |      |   |      |
|        | Organisation size                                  |   |      |   |      |
|        | How many people does your organisation employ?     |   |      |   |      |
|        | Years in Business/Trading                          |   |      |   |      |
|        | How long has your organisation been operating?     |   |      |   |      |

### **SECTION B: CONTACT PERSON INFORMATION**

**CONTACT PERSON (primary)** 

Please provide the details of the person/s responsible for the application of the organisation

| Name             |  |
|------------------|--|
|                  |  |
| Position         |  |
|                  |  |
| Telephone Number |  |
|                  |  |
| Physical address |  |
|                  |  |
|                  |  |
|                  |  |
|                  |  |
|                  |  |
| Postal address   |  |
|                  |  |
|                  |  |
|                  |  |
|                  |  |
|                  |  |
|                  |  |

| Cell number   |                              |
|---|------------------------------|
| Email address   |                              |
| Fax number  |                              |
| CONTACT PERSON (secondary                                   | 7)                           |
| Name  |                              |
| Position  |                              |
| Telephone Number  |                              |
| Physical address  |                              |
|   |                              |
|   |                              |
|   |                              |
| Postal address  |                              |
|   |                              |
|   |                              |
|   |                              |
| Cell number   |                              |
| Email address   |                              |
|   |                              |
| Fax number  |                              |
| SECTION C: BILLING  | G INFORMATION                |
| - T   | . n · 1                      |
| How would you prefer to pay your corporate membership fees? | Annually in advance  Monthly |
|   | Monthly                      |
| To whom should invoices be sent  Name                       | <b>'</b>                     |
|   |                              |
| Position  |                              |

Email address

## **SECTION D: DECLARATION**

I hereby commit to membership of the South African Institute of Stockbrokers for a minimum period of 1 year.

#### Membership fees for 2016

|                             | Paid monthly | Paid annually in advance |
|-----------------------------|--------------|--------------------------|
| Top 10 stockbroking firms   | R25 000 pm   | R300 000 pa              |
| All other corporate members | R15 000 pm   | R180 000 pa              |

#### The completed application and supporting documents are to be returned to:

ADDRESS: South African Institute of Stock Brokers (SAIS)

ADDRESS: membership@sais.co.za

CONTACT PERSON: Erica Bruce/ Elize van Zyl