



# The Institute of Estate Agents of South Africa - Western Cape

(Incorporated Association not for gain. Reg No./Nr. 1994/10373/08)

10 Howard Studios, Sheldon Way, Pinelands, Cape Town 7405

Tel: 021 531 3180 • Fax: 021 531 2931

E-mail: info@cape.ieasa.org.za • PropPlacements: dianne@propertyplacements.co.za

Website: www.ieasawcape.org.za • PropStats: www.propstats.co.za

## MEMBERSHIP RENEWAL FORM

Please complete all sections  
clearly in **BLOCK LETTERS**

Please Tick: ☐ Individual ☐ Associate

Preferred Language

ENG

AFR

Surname: \_\_\_\_\_ Full Names: \_\_\_\_\_

Name to be printed on your membership card \_\_\_\_\_

Title: Mr/Mrs/Miss/Other \_\_\_\_\_ Status: ☐ Principal ☐ Non-Principal ☐ Intern ☐ Other

Population group (Required by SSETA for planning purposes) ☐ Black ☐ Coloured ☐ Indian ☐ White

Identity number: \_\_\_\_\_ Fidelity Fund Certificate No: \_\_\_\_\_

(Attach copy of your ID document and current Fidelity Fund Certificate)

Residential Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Tel - Code: \_\_\_\_\_ Tel: No.: \_\_\_\_\_ Cell: \_\_\_\_\_

Company Name: \_\_\_\_\_

VAT REGISTRATION NO: \_\_\_\_\_ (NB) SDL NO: \_\_\_\_\_

Postal Address of Company: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Company Street Address: \_\_\_\_\_

Tel Code: \_\_\_\_\_ Tel: No.: \_\_\_\_\_ Fax: \_\_\_\_\_

Business E-mail: \_\_\_\_\_ Personal E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

RPL level (Proof to be submitted with application): ☐ NQF 4 ☐ NQF 5 ☐ NQF 7

International designations (Proof to be submitted with application):

☐ CRS ☐ CRB ☐ TRC ☐ CIPS ☐ CRM Other \_\_\_\_\_

Business speciality (Please tick division in which you are most active):

Sales: ☐ Residential ☐ Sectional Title ☐ C&I ☐ Agricultural ☐ Auction

Admin/Rentals: ☐ Residential ☐ Sectional Title ☐ C&I

Broking: ☐ Business Broking ☐ C&I

Other: (developers, valuers, conveyancers, mortgage originators etc) \_\_\_\_\_

Suburbs in which you operate: \_\_\_\_\_

Method of payment: ☐ Cheque ☐ Cash ☐ Direct Deposit ☐ Monthly Debt Order

1. I certify that the particulars given in this application are true and correct.

2. I agree to be bound by the Memorandum and Articles of Association and Regulations of the Institute.  
(a copy of which is available for inspection at the office of the region)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Referred by: \_\_\_\_\_

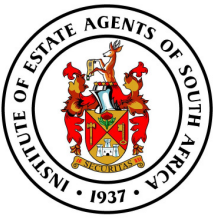
♦ The membership card remains the property of IEASA, and must be returned on termination of membership.

Direct deposits: Nedbank - Pinelands Branch Code: 104 709 A/c No.1047 026 708 Please fax proof of payment

FOR OFFICE USE ONLY

STAFF MEMBER:

Receipt No. \_\_\_\_\_ Date of Receipt: \_\_\_\_\_ Membership No.: \_\_\_\_\_ Total: \_\_\_\_\_



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## **BANK DEBIT ORDER INSTRUCTION**

Name (Debtor) : \_\_\_\_\_ Date : \_\_\_\_\_

Address : \_\_\_\_\_ Signatory name : \_\_\_\_\_

\_\_\_\_\_ Contact Tel : \_\_\_\_\_

\_\_\_\_\_ Membership no : \_\_\_\_\_

Dear Sirs/Madams

The details of my bank account are as follows:

BANK : \_\_\_\_\_

BRANCH/TOWN : \_\_\_\_\_

BRANCH NO. : \_\_\_\_\_

ACCOUNT NAME : \_\_\_\_\_

ACCOUNT NO. : \_\_\_\_\_

TYPE OF A/C : \_\_\_\_\_

(savings, current, transmission)

I/we hereby request and authorize you to draw against my/our account with the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) the sum of \_\_\_\_\_

(state amount in words) or any **variable** amount pertaining to this agreement, on the **first working day** of each month.

This being the amount necessary for the payment of the monthly amount due to you in respect of our membership fees.

All such withdrawals from my/our account by you shall be treated as though they had been signed by me/us personally.

I/we the undersigned, "instruct" and authorize your agent Netcash (Pty) Ltd, to draw against my/our account. I/we understand that if bank details have been supplied the withdrawals authorized here will be processed by BankServ. I/we also understand that details of each withdrawal will be printed on my/our statement.

I/we agree to pay any banking charges relating to this debit order instruction.

This authority may be cancelled by means of giving you thirty days notice in writing, sent by prepaid registered post, but I/we understand that I/we shall not be entitled to any refund of amounts, which you have withdrawn whilst this authority was in force if such amounts were legally owing to you.

### **Assignment:**

I/We acknowledge that the party hereby authorized to effect the drawing(s) against my/our account may not cede or assign any of its rights and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorized party.

Signed \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

**SIGNATURE AS USED FOR SIGNING CHEQUES OR CREDIT CARD VOUCHERS**

**Please fax completed form to 021 531 2931**