



Institute of  
Estate Agents  
of South Africa

**IEASA (North)**  
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**Do YOU consider yourself a PROFESSIONAL?**

Then ensure YOU are a member of the only professional body for estate agents in South Africa

New Application

Membership Renewal

Outdoor advertising: Yes  / No

**Fees 2012 (inclusive of VAT)**

**Annual Membership:** Paid once off: **R 800-00**

**Outdoor Advertising:** Paid once off: **R 200-00** (to be paid on or before 31 January 2012)

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**MEMBER DETAIL UPDATE – CORPORATE MEMBER**

*To be completed by the applicant IN BLOCK LETTERS*

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**COMPANY DETAILS:**

Trading name of firm: \_\_\_\_\_

Name of branch/franchise: \_\_\_\_\_

Street address: \_\_\_\_\_

Post code: \_\_\_\_\_

Postal address: \_\_\_\_\_

Post code: \_\_\_\_\_

Tel (office): \_\_\_\_\_ Fax (office): \_\_\_\_\_

E-mail (office): \_\_\_\_\_ Website: \_\_\_\_\_

Firm's FFC no: \_\_\_\_\_

Form of business (company/CC/trust/partnership/sole proprietorship): \_\_\_\_\_

In the case of a company, CC or trust: registered name: \_\_\_\_\_

Co/CC/trust registration no: \_\_\_\_\_ VAT registration no: \_\_\_\_\_

**PRINCIPAL'S DETAILS:**

Surname: \_\_\_\_\_ Full names: \_\_\_\_\_

Name to be printed on your certificate: \_\_\_\_\_

*The membership certificate remains the property of IEASA, and must be returned on termination of membership*

ID no: \_\_\_\_\_ Title (Mr/Mrs/Ms/Other): \_\_\_\_\_

Residential address: \_\_\_\_\_

Post code: \_\_\_\_\_

Postal address: \_\_\_\_\_

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 Post code: \_\_\_\_\_

Tel (home): \_\_\_\_\_ Cell phone: \_\_\_\_\_

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

Postal address: \_\_\_\_\_

Post code: \_\_\_\_\_

FFC no: \_\_\_\_\_ Status (Principal/Non-Principal/Candidate): \_\_\_\_\_

Area of specialisation (e.g. residential sales): \_\_\_\_\_

Town/suburbs where you operate: \_\_\_\_\_

**Population group (mark with an X):**     African     Coloured     Indian     White  
*(Various government bodies require this information in order to monitor industry transformation)*

**International designations** *(Proof to be submitted with application):*

- |                              |                               |
|------------------------------|-------------------------------|
| <input type="checkbox"/> CRS | <input type="checkbox"/> CIPS |
| <input type="checkbox"/> CRB | <input type="checkbox"/> CRM  |
| <input type="checkbox"/> TRC | Other _____                   |

- I agree to be bound by the Memorandum and Articles of Association and the IEASA Code of Ethical Standards (a copy of which is available for inspection on the regional website or at the regional office)
- I hereby confirm that my membership is subject to the terms and conditions of membership and agree to these terms and conditions
- I confirm that the information provided on this application form is true and correct.

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**Member Signature**


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**Date**

**Post, fax or email together with payment or payment confirmation**

Method of payment:

- Cheque                                       Direct Deposit                                       Debit Orders

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**For direct deposits please use the following bank details**

**Bank details:** FNB – Lynnwood    Account No: 510 480 230 17    Branch code: 252 045

Please clearly identify yourself as Reference on deposit

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