

The South African Institute of Architects

Tel: +27 11 782 1315
 Fax: +27 11 782 8771
 E-mail: admin@saia.org.za
<http://www.saia.org.za>

Bouhof (Ground Floor)
 31 Robin Hood Road
 Robindale
 RANDBURG

Private Bag X10063
 RANDBURG
 2125



Practice
 Nr:

Financial Year: **2017**
 Period: **01 July 2016 - 30 June 2017**

This declaration must be emailed or faxed to SAIA on or before: **31 August 2017**

Email: **membership@saia.org.za**
 Fax: **(011) 782 8771**

I, _____, being the responsible principal of <Practice Name> hereby declare that the total number of architectural staff (including principals) in **permanent** employment on **1 July 2016** is:

ARCHITECTURAL STAFF

Please provide the initials, surname, SAIA membership number (if applicable) and SACAP registration number. Indicate by (X) the category of registration.

	Initials & Surname	SAIA No	SACAP No	Pr Arch	Prof Sen Tech	Prof Tech	Prof D/men	Cand Arch	Cand Sen Tech	Cand Tech	Cand D/men	Other
PRINCIPALS												
EMPLOYEES												

Kindly attach additional pages if required

Please provide BBBEE level of certification:

We wish to receive communication via: SMS Email Postage Permission granted for marketing purposes: Yes No

SAIA BOARD:
Management committee: Sindile Ngonyama (President), Kevin Bingham (Vice President), Andy Hart (Treasurer), Jan Ras (Deputy Treasurer), Obert Chakarisa (CEO)
Elected board members: AJ Corbett (SAIA Border-Kei), Andrew Cunningham (CIFA a Region of SAIA), Neill Kievit (SAIA Eastern Cape), Ronelle Ranft (SAIA Free State), Kumarsen Thamburan (GIFA (SAIA)), Ruben Reddy (SAIA KZN), Koos Visser (SAIA Limpopo), Gerhard Jooste (SAIA Mpumalanga), Johan Lategan (SAIA Northern Cape), Brian Smith (SAIA North West), Faan Nel (PIA a Region of SAIA)
Co-opted members: Simmy Peerutiin (Chair: Practice), Fanuel Motsepe (Chair: Transformation)



PRACTICE PARTICULARS

Complete the right hand column only where particulars have changed or where it has not been provided by SAIA.

Practice Name:		
Trading as (if applicable)		
VAT Registration Number		
Postal Address:		
Physical Address:		
Tel:		
Fax:		
Email:		
Alt Email:		
Website Address:		
Date of Listing with SACAP		
Fields of Expertise:		
<i>Please indicate ONLY 5 fields in order of priority</i>		

Signed at _____ on the _____ day of _____ 20 _____

Signature

Full name/s and surname in block letters