



BPVA

BLACK PROFESSIONAL VALUERS ASSOCIATION

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APPLICATION AND MEMBER REGISTRATION

BANKING DETAIL Account holder: Black Professional Valuers Association Bank: First National Bank, Johannesburg Account Number: 62658240628 Reference: <i>(Please provide your Name and Surname)</i>	INSTRUCTIONS <ul style="list-style-type: none"> Application form to be completed in BLOCK Letters and, where applicable, selections indicated with a cross (x) in the appropriate block Submit completed Application together with: <ol style="list-style-type: none"> Registration Fee (Non-refundable) Proof of registration with the council (SACPVP) ID / Passport (Certified Copy)
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Membership Type	<input checked="" type="checkbox"/>	Candidate Valuers (@ R450 per year)	<input checked="" type="checkbox"/>	Professional Valuers (@ R650 per year)
Preferred language of correspondence:	<input checked="" type="checkbox"/>	Afrikaans	<input checked="" type="checkbox"/>	English
First Name				
Surname				
ID Number			Date of Birth	YYYY/MM/DD
Place of Birth				
Nationality			Race:	e.g. African/Indian/Caucasian
Are you ordinarily resident in the Republic of South Africa	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
If no, please indicate where you are ordinarily resident				
Residential Address:				Postal Code
Postal Address:				Postal Code
Full Business Address <i>(Not postal)</i>				
Tel No:		Fax No		Cell
Email				

SECTION 2 - EXPERIENCE IN THE VALUATION OF IMMOVABLE PROPERTY:

Name and address of present employer				Postal Code								
Your designation/position			Position held since	YYYY/MM/DD								
Engagement in property valuation	<input checked="" type="checkbox"/>	Part Time	<input checked="" type="checkbox"/>	Full Time								
If part time, what is your main occupation												
Specialised field of valuation	<input checked="" type="checkbox"/>	Residential	<input checked="" type="checkbox"/>	Agricultural	<input checked="" type="checkbox"/>	Commercial	<input checked="" type="checkbox"/>	Industrial	<input checked="" type="checkbox"/>	Retail	<input checked="" type="checkbox"/>	Other
If other please specify												

SECTION 3 – CONDUCT

Have you at any time by reason of improper conduct been dismissed from a position of trust	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Have you ever been convicted of any offence involving an element of dishonesty:	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
If Yes, please provide details				

SECTION 4 – DECLARATION

I, _____ solemnly declare that the above particulars are true and correct

SIGNATURE: _____ SIGNED AT: _____ DATE: _____ 20____