



Association of B-BBEE Professionals
Credible . Professional . Consistent .

*** All fields are compulsory
to be completed in full where applicable**

SUBSCRIPTION RENEWAL FORM TO BE COMPLETED BY APPLICANT
Please complete last page to compute amount due

Individual Membership:

Full Name/s
Identity / Passport number
Street Address
.....
Mobile Number
E-mail Address
B-B BEE Professional (Yes / No)
(done B-BBEE MDP)
Associate (Yes / No)
(not done B-BBEE MDP)
Disabilities i.e. using crutches,
wheelchair, hearing aids
SA born, non-SA citizens (place
of birth)
Nationality
Gender



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Designation / Job Title
(See Annexure A page 6)

Race
(African, Coloured, Indian,
White)

Youth (Yes / No)
(Age between 18 - 35)

Citizenship

Home language

Employed full time / part time /
unemployed / student etc

Are you a SANAS Technical
Signatory / Nominated
Representative? (Yes / No)

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Please send scanned copies of all completed pages to Maresce de Saldanha

Email address: ABP Admin info@abp.org.za

Telephone number: 011 788 6819

Banking details for membership fees:

Account Holder: Abrina 1780 t/a Association of BEE Verification Agencies
Bank Name: First National Bank
Branch: Rosebank
Branch Code: 253 305
Account No: 6211 7033 126

I hereby declare that I have no record of blacklisting in terms of the Act and the Codes, that I provide ABP full permission to conduct a formal Kroll check for criminal and qualification profile and accept the full terms and conditions as set out by ABP.

DECLARATION in terms of section 8.3 of the ABP's Constitution:

1. We hereby produce a valid Accreditation Certificate or valid Pre-Assessment letter from SANAS;
2. We agree to submit our valid independent BEE Verification Certificate of our Organization;
3. We agree to submit / upload our client's BEE certificates to the ABP database on a bi-monthly basis;
4. We agree to abide by the Codes of Ethics and Discipline of the ABP;

I further declare that to the best of my knowledge, I
and/or any of my associate(s) is **NOT** under **ANY** investigation by any regulatory authority for misconduct or breach of any law or any act that might bring the profession into disrepute. (YES/NO).

If the above is **NO**, kindly provide a precise and detailed information pertaining to such misconduct or breach, and attach such detail as Annexure B.

The information provided to ABP is complete, to the best of my knowledge.

If information is found to be incorrect, ABP may and in addition to any other remedy:

1. Suspend / terminate my ABP membership;
2. Removal from the ABP website and
3. Blacklist me with the **dtic**, SANAS, TransUnion and other relevant organizations.

I/We will not use my/our membership of ABP in my/our marketing material to the public as an indication that I/We will be accredited by SANAS.

Due to the compliance requirements of the "Protection of Personal Information Act", as set by government, we are required by law to have on file the **latest signed** membership application forms. The POPI Act has come into effect on the 1st of July 2020, but a 12-month grace period has been given to become POPI-compliant by the 1st of July 2021.



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By signing the membership application form, you hereby agree that ABP can reflect your membership on the ABP website including name, contact numbers and e-mail address and added to ABP’s Member WhatsApp group 082 554 5536.

As part of a SAQA requirement, ABP needs fully completed and signed application forms from Members **every year when membership is renewed.**

THUS DONE and SIGNED at.....on this,

the.....day of20.....

Applicant:

Witness:

.....

We have 5 types of membership;

Kindly indicate which membership category you will be applying for?

1.	B-BBEE Verification Professionals	Verification Managers, Technical Signatories, Analysts etc
2.	B-BBEE Consulting Professionals	Consultants
3.	B-BBEE Practicing Professionals	Private and Public Practitioners
4.	Practice membership	Verification Agencies and BEE Advisory practices
5.	Corporate Company	Employer of Practicing Professionals i.e. Transformation Managers dealing with B-BBEE in the company

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Kindly provide the following together with the completed and signed application form (all documents are needed and compulsory).

No membership application will be considered if all the following information is not provided together with the completed and signed application form as we need to add you to our Member database and prepare individual / company membership certificates.

B-B BEE Professional Member (Economic Empowerment Professional, EEP)

- a. An individual who has completed and passed the B-BBEE MDP and
- b. These Members have unlimited membership access to all services and technical support.

By joining ABP as a B-BBEE Professional (done B-BBEE MDP) to get our Economic Empowerment Professionals (EEP) designation, you hereby give ABP permission to upload you onto the SAQA National Learners' Records Database (NLRD) database.

Associate Member

- a. An individual working in verification, consulting or a Practitioner who has not yet completed the B-BBEE MDP qualification and
- b. These Members have full membership access but certain limitations exist on technical support and training until such time as they have converted to a Professional Member.

For practice / companies:	Tick	For Individuals:	Tick
1. Completed and signed application form		1. Completed and signed application form	
2. Signed Use of Logo agreement		2. Signed ABP Disciplinary Code - V3 14 June 2019 (each page can be initialled and last page can be signed)	
3. Company Registration Documents		3. Recently updated Profile / CV (preferably in MS Word format)	
4. Valid BEE certificate or suitable evidence of BEE compliance / BEE sworn Affidavit (please provide latest updated B-BBEE Sworn Affidavit / BEE certificate)		4. Confirmation of your membership certificate and membership number in good standing with professional body you belong to i.e. SAIPA, SAICA, ACCA, IRBA etc	
5. SANAS Accreditation Certificate		5. Signed Use of Logo agreement	
6. Tax Clearance Certificate / Letter of Good Standing		Certified copies not older than 3 months, where possible for:	
7. 3 professional references (clients that you offered BEE services to)		6. Copy of ID / Passport	
		7. B-BBEE MDP certificate, all certificates, degrees, qualifications etc	
		8. Certificates of attendance to workshops, conferences, seminars etc BEE-related	



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ANNEXURE A

Designation / Job Title

B-BBEE Verification Agencies

Owner / CEO / Managing Director / Executive Director etc
SANAS Technical Signatory
SANAS Nominated Representative
Verification Manager
Senior Verification Analyst
Junior Verification Analyst
Admin

B-BBEE Consulting Firms

Owner / CEO / Managing Director / Executive Director etc
Senior Consultant
Junior Consultant

Individual B-BBEE Consultants

Owner / CEO / Managing Director / Executive Director etc

Corporates

Owner / CEO / Managing Director / Executive Director etc