



ACAMS South Africa Chapter Membership Application

Association of Certified
Anti-Money Laundering
Specialists®

ACAMS®

I. Contact Information:

ACAMS Membership Number (*If an existing member*): _____ Are You Already CAMS Certified? ____Y ____N

Prefix: _____ Name: _____ Surname: _____

Company / Institution: _____ Title: _____ Department: _____

Mailing/Postal Address:

City, Province, Postal Code, Country:

Business Street Address:

City, Province, Postal Code, Country:

Billing details (*name and address as it should reflect on membership fee invoice*):

City, Province, Postal Code, Country:

(Phone numbers should include country code if not RSA)

Business Phone: _____ Fax: _____ Cell Phone: _____

Email: _____ Alternate Email: _____

Profession (e.g. Accounting, Legal, etc.): _____

Other Current Professional Registrations (e.g. CFE, CCP, etc.): _____

Qualifications:

"ACAMS is dedicated to uniting AML/CFT professionals, one chapter at a time".

II. Declaration (If you answered YES to any of these questions, please complete the full Declaration Form found on our chapter webpage):

Do you have any pending criminal matters and/or convictions for criminal offence(s) (other than traffic offences) against you? ___ Yes ___ No

Have any civil proceedings ever been instituted against you based on allegations of fraud, theft or any similar conduct involving dishonesty? ___ Yes ___ No

Have you ever been placed on a sanctions related watch list, either internationally or locally? ___ Yes ___ No

III. Pricing:

Annual Membership Rate:

R400 p.a.

IV. Terms and Conditions:

The Board of ACAMS South Africa Chapter reserves the right to reject any applications that do not contain all elements and information requested in the application form or if the membership does not support the objectives of ACAMS South Africa Chapter.

By signing the application form you provide ACAMS South Africa Chapter with opt-in consent for the sharing of any personal information with ACAMS®.

Signature: _____ Date: _____

V. Mailing Information:

Scan and Email:

ACAMS South Africa Chapter
C/O Membership Director
AndreW@nedbank.co.za

By Post:

ACAMS South Africa Chapter
C/O Membership Director
P.O. Box 1870
Honeydew, Gauteng
South Africa 2040

Please Note: Payment information will be supplied with invoice post application approval.