



ANASA

ASSOCIATION OF NURSING AGENCIES OF
SOUTH AFRICA

ANASA, PO Box 12339, Clubview 0014
Tel: 083 444 9227 / Fax: 086 535 1794

MEMBERSHIP APPLICATION FOR ANASA

1. Name of Agency: _____
2. Trading Name of Agency: _____
3. Physical Address: _____

_____ Code: _____
4. Postal Address: _____
_____ Code: _____
5. Telephone No: Code: _____ Number: _____
6. Fax No: Code: _____ Number: _____
7. Cellular No: _____ E-Mail: _____
8. Name of Licensee: _____
9. Identification Number of Licensee: _____
10. Name of Owner of Agency: _____
11. Identification Number of Owner: _____
12. Name of Registered Nurse responsible for supervision
of placements: _____ SANC Ref No: _____
SANC Receipt No: _____
13. SITE/PAYE Tax Registration No: _____
14. VAT Registration No: _____
15. SETA You are Registered With: _____

16. Compensation Commissioner No: _____
17. UIF No: _____ SDL No: _____
18. Does your agency have Indemnity Insurance? _____
19. Do you require proof of personal Indemnity Insurance from all your panel members annually? (e.g. DENOSA or HOSPERSA) _____
20. Do you have on your panel, any persons not Registered or Enrolled with the SA Nursing Council and do you place such persons with clients? _____
21. Does the agency enter into contract with the panel member? _____

Signature: _____ Date: _____

Designation: _____

Please submit the following with your application:

1. A copy of your SA Nursing Council License to practice as an agency.
2. A signed Declaration of the ANASA Code of Ethics.
3. Copies of registration documents (points 13-18).
4. IRP 30 Certificate
5. Tax Clearance Certificate

Should the applicant not be in possession of the required registration numbers at the time of application, a period of three months from the date of application is granted to submit this information. It is mandatory to state that application has been filed with the applicable authorities. Only when the relevant information has been submitted to the ANASA office, will the application be considered and if successful, an ANASA membership certificate issued. Membership is for one year only and expires on June 30 annually. Membership renewal is due on July 1 of every year.

Membership fee is pro rata and will only be payable after membership of ANASA has been granted by the Executive Committee.

Application for Membership of ANASA Approved.

Chairperson: _____ Date: _____