



## I2. CHANGE OF DETAILS

To be completed upon change of employment or any personal details

(Failure to complete this form in full and email or fax to the National Office will result in you not receiving correspondence)

### 1. PERSONAL DETAILS

ID NO		SANC REG NO			
TITLE		SASOHN NO			
FIRST NAMES		AUDIO REG NO			
SURNAME		CELL NUMBER			
EMAIL ADDRESS		WORK NUMER			
		FAX NUMBER			
POSTAL ADDRESS (NB – all correspondance i.e. journals will be sent to this address)					
		POSTAL CODE			
QUALIFICATIONS					
NAME OF INSTITUTION WHERE HIGHEST STUDY COMPLETE					
PLEASE TICK	DIPLOMA	DEGREE	MASTERS	PHD	OTHER

### 2. EMPLOYMENT DETAILS

COMPANY FULL NAME		VAT NO	
POSTAL ADDRESS			
		CODE	
JOB TITLE		TYPE OF INDUSTRY	

### 3. SASOHN REGION (Please indicate the region of your choice from the list below ONLY)

<input type="checkbox"/> EASTERN CAPE	<input type="checkbox"/> NORTHERN NATAL	<input type="checkbox"/> VAAL	<input type="checkbox"/> PRETORIA
<input type="checkbox"/> WESTERN CAPE	<input type="checkbox"/> KZN INLAND	<input type="checkbox"/> MPUMALANGA	<input type="checkbox"/> GAUTENG CENTRAL
<input type="checkbox"/> BORDER DISCUSSION GROUP	<input type="checkbox"/> KZN COASTAL	<input type="checkbox"/> WEST RAND	

### 4. MEMBERSHIP TYPE

NB: Affiliate and International members DO NOT qualify for Indemnity. This also applies to members not employed in Occupational Health.

<input type="checkbox"/> FULL MEMBER	<input type="checkbox"/> AFFILIATE MEMBER	<input type="checkbox"/> INTERNATIONAL MEMBER
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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_