**J2. AUDIO CHANGE OF DETAILS FORM**

**To be completed upon change of employment or any personal details**

**Please Note:** By completing this form you consent in terms of the Protection of Personal Information Act (POPI) to your personal information being obtained, utilized, and stored by SASOHN data systems.

**(Failure to complete this form in full and email to the Audio Office will result in you NOT receiving correspondence)**

1. **PERSONAL DETAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TITLE** |  |  **PREFERRED NAME** |  | **AUDIO REG NO**  |  |
| **GIVEN NAMES** |  | **SASOHN NO** |  |
| **SURNAME** |  | **SANC REG NO** |  |
| **ID NO** |  | **DATE OF BIRTH** |  |
| **CELL NUMBER** |  | **WORK TEL NUMER** |  |
| **ETHNICITY** | [ ]  African [ ]  Caucasian [ ]  Colored [ ]  Indian [ ]  Asian | **GENDER** | [ ]  Male [ ]  Female |
| **PREFERRED EMAIL ADDRESS** |  | **ALTERNATIVE EMAIL ADDRESS** |  |
| **PHYSICAL/POSTAL ADDRESS (NB – all order deliveries i.e. book orders, will be sent to this address)** |
|  |
|  | **POSTAL CODE** |  |
| **QUALIFICATONS** |  |
|  |
| NAME OF INSTITUTION WHERE HIGHEST STUDY COMPLETED |  |
|  |
| **PLEASE TICK** | [ ]  **CERTIFICATE** | [ ]  **NO CERTIFICATE** |  |  |  |

1. **EMPLOYMENT DETAILS** **(Please provide company details that needs to appear on the invoice)**

|  |  |  |  |
| --- | --- | --- | --- |
| **COMPANY FULL NAME** |  | **VAT NO** |  |
| **POSTAL ADDRESS** |  |
|  | **POSTAL CODE** |  |
| **PROFESSION** |  | **TYPE OF INDUSTRY** |  |

1. **PROVINCE (Please indicate from the list below which province you are employed in)**

[ ]  **Eastern Cape** [ ]  **Free State** [ ]  **Gauteng** [ ]  **KZN** [ ]  **Limpopo** [ ]  **Mpumalanga** [ ]  **Northern Cape** [ ]  **North-West** [ ]  **Western Cape**

|  |
| --- |
| **Please attach certified copies (not older than 3 months) of the following documents:** |
| Identity Document/Passport |  |

*If you wish to stop your membership at any time, SASOHN Audio Office must be notified in writing otherwise you will be liable to pay outstanding fees*

|  |  |  |
| --- | --- | --- |
|  |  | Click or tap to enter a date. |
| **SIGNATURE** |  | **DATE:** |

***By signing this form electronically, you acknowledge and agree that your electronic signature is legally binding and has the same validity and enforceability as your handwritten signature. You further confirm that all the information provided is accurate and truthful to the best of your knowledge.***

***Your electronic signature signifies your acceptance of the terms and conditions of membership as outlined by SASOHN***