



ASSOCIATION OF MUSLIM ACCOUNTANTS & LAWYERS

Suite 4 GMH Centre 32 West Riding Row Sherwood 4091
Tel: (031) 2073381 | E-mail: info@amal.co.za | Website www.amal.co.za

AMAL Membership Form

FULL NAME: _____

NAME OF FIRM: _____

OCCUPATION: _____

PHYSICAL ADDRESS: _____

POSTAL ADDRESS: _____

TEL (BUSINESS): _____ MOBILE: _____

FAX: _____ E-MAIL: _____

STUDENT

UNIV/COLLEGE/TECHNIKON: _____

DEGREE: _____ YEAR OF STUDY: _____

I ENCLOSE CASH/CHEQUE FOR:

ORDINARY MEMBERSHIP:	R300
CANDIDATE ATTORNEYS & ARTICLE CLERKS:	R50
STUDENTS:	R30

Account Name: AMAL **Bank:** Albaraka Bank **Branch Code:** 800000 **Account No:** 78600085035

I, _____, have acquainted myself with the constitution and code of conduct of the association and hold myself bound to all of its terms and conditions.

PROCESSING OF PERSONAL INFORMATION (in terms of the Protection of Personal Information Act 4 of 2013)

By you becoming a member of AMAL you hereby voluntarily and specifically consent to AMAL collecting, processing and storing your personal information as well as adding you to our database of members, our mailing list and to provide information to stakeholders and the authorities with whom we are required to be registered with by law. By applying your signature to the bottom of this document, you consent to us collecting this information and to our use of it for the purposes stated above. You further undertake to notify AMAL should your personal information change for whatever reason. You may withdraw your consent by written notice to AMAL within 10 (ten) days of signing this consent.

DATE: _____

SIGNATURE: _____

FOR OFFICE USE ONLY:

Decision: _____ Receipt No: _____

Signature: _____ Date: _____

Office Bearers: Chairman: Shabir Chohan; Vice Chairman: Zain Fakroodeen; Executive Secretary: Imraan Subrathie;
Treasurer: Luqmaan Essa