## THE SOUTHERN AFRICAN INSTITUTE OF DRIVING INSTRUCTORS



Owner's First names and Surname	Name of Driving School	
ID number	Physical address	
Telephone: Cell No:	Postal address	
Work/Home No	Code(s) of instruction offered	
Fax No:	Website:	
Owner's E-mail address	Areas of instruction	Province: Street Number:
Owner's Physical		

Address		Road, Street or Avenu	e:
Owner's Postal Address		Town/City/Regions:	
Driving School Tax Number  Sole Proprietor / Company or CC	Codes of Instruction offered by the Driving School		
Company Registration Number	Number of and type of Vehicles used in the Driving School		
Names of Instructors employed by this driving school on a full-time basis:	Identity Numbers:	Instructor's certificate numbers:	PrDP Yes/No?
1.			
2.			
3			

4.		
5.		
6.		
7.		
8.		
9.		
10		
Instructors employed on a part-time basis:		
1.		
2.		
3.		

4.		
5.		
6.		
7.		
8.		
9.		
10.		

## **Annual Membership Fees:**

Annual membership fee for the specified Driving School R1500.00 and R150.00 per driving instructor working on a full-time or temporary / contract basis, payable in advance.

**Terms and Conditions of Membership:** 

I have read the SAIDI Code of Conduct and agree to operate and abide by the terms of this Code of Conduct.

I agree to uphold the SAIDI Constitution at all times.

I agree to operate with integrity and professionalism in my driving school.

I agree to update SAIDI's records by completion of a new membership form in the event of any driving instructor leaving the employment of this driving school, whether employed on a full-time, part-time or contract rate.

I agree to submit SAIDI with renewed valid instructor's certificates immediately after issue.

I agree to apply for renewals 2 months before the expiry date of each and every instructor employed by this driving school and supply proof of this. Failure to do so will be handed over the Disciplinary Committee to exercise due penalties/ and/or cancellation of membership.

Kindly deposit directly into our SAIDI savings		
account and E-mail this form, the deposit slip	Signed this day of	20
and relevant valid instructor's certificate to	in	
info@saidinational.org or alternatively fax to:		
086 262 1180, as well as other documentation,		
as per requirements.	Signature:	
Banking details:		
Standard Bank:	Witness:	
Savings Account No. 017548993		
Branch: Brooklyn Branch Code: 01124512		