



The premier professional community  
dedicated to business rescue,  
corporate renewal and turnaround  
management

**TURNAROUND PROFESSIONAL ACCREDITATION**

**(ATP / CTP / PTP®)**

**APPLICATION FORM**

**This Application Form must be accompanied by the non-refundable  
Registration Fee.**

## NOTICE TO APPLICANTS

Please complete the following Application Form and submit the completed form (including the signed Candidate Declaration) to the TMA-SA Administrator at the following email address: [admin@tma-sa.com](mailto:admin@tma-sa.com).

The application must be accompanied by:

- Full Curriculum Vitae
- Certified copies of qualifications
- Certified copy of ID
- Basic Registration Fee (R10,000.00); plus
- RPL Assessment Fee if required (R5,000.00) – if not a CRA Course graduate

## PERSONAL DETAILS (compulsory)

Titles (Mr./ Mrs./Ms./Other)		Name of Company (where applicable)	
Surname		VAT No. (of company)	
First Names		Home Address	
Known as		Code	
Date of Birth		Postal Address	
Nationality		Code	
ID No.			
Alternative ID No.			
Alternative ID Type			
TMA-SA Membership No.		Code	

Male	
Female	

Province

African	
Indian / Asian	
Coloured	
White	
Other	

Phone No.

Fax No.

Cell No.

Email

Required for SAQA reporting.

Residential Status	South African		Socio-Economic Status	Employed		
	Other			Unemployed		
	Dual:					
	Permanent Resident		Disability Status	None		
	Other			Sight		
				Hearing		
				Communication		
				Physical		
				Intellectual		
				Emotional		
				Multiple disabilities		
Home Language	English		Disability Status	Unspecified		
	Afrikaans			Other		
	siSwati					
	TshiVenda					
	seSotho					
	isiXhosa					
	sePedi					
	xiTsonga					
	isiNdebele		Highest School Qualification	Grade 12 / Matric		
	seTswana			Other		
isiZulu		Highest Qualification Achieved				
Other						
Qualifications currently enrolled for						

**EXPERIENCE AS A TURNAROUND PRACTITIONER**

Only indicate the experience you have had as Turnaround Specialist, as listed below (please make sure that this summary correlates with your detailed CV). Provide supporting documentation/evidence where considered appropriate.

Name of Company / Organisation	Type of company (tick the appropriate block)											Role in the engagement	Duration	
	Large Listed	Small To Medium Listed	National Govt Dept	Provincial Govt Dept	Local Govt Dept	Large Private Company	Medium Private Company	Small Private Company	Large Trust	Small To Medium Trust	NPO with members			Charitable NPO
<i>Please insert additional rows if required</i>														

**EXPERIENCE WITH OTHER TURNAROUND ACTIVITIES (e.g. Credit Management or Recovery activities on behalf of a credit provider)**

Provide supporting documentation/evidence where considered appropriate.

Name of Company / Organisation and description of activity	Role	Duration
<i>Please insert additional rows if required</i>		

**OTHER ACTIVITIES RELATED TO TURNAROUNDS**

Only complete this section if you have been involved in other activities. (e.g. Academic research etc.)

Description of activity	Role	Duration
<i>Please insert additional rows if required</i>		

\*\*These activities need to be related to the field of turnarounds, financial distress or corporate failure.

# Applicant Declaration

This declaration forms part of the application for registration for accreditation by TMA-SA and needs to be completed in full by the applicant.

## Personal details

1.	Surname	
2.	Any former surname	
3.	First name	
4.	Identity number	
5.	Physical address	Code:
6.	Postal address	Code:
7.	Telephone number (business)	
8.	E-mail address	

## 9. Qualifications

Institution	Qualification	Date	Comment

10. Have you ever been disqualified by a court from acting as a director of a company, or from acting in the management or conduct of the affairs of any company

Name of company	Description

11. Have you ever been convicted of any offence resulting from dishonesty, fraud, theft, forgery, perjury, misrepresentation or embezzlement? If yes, provide details.

<b>Offence</b>	<b>Description</b>

12. Have you ever been adjudged bankrupt or sequestrated in any jurisdiction? If yes, provide details.

<b>Charge / Pronouncement</b>	<b>Description</b>

13. Have you at any time been a party to a scheme of arrangement or made any other form of compromise with your creditors? If yes, provide details.

<b>Activity</b>	<b>Description</b>

14. Have you ever been found guilty in disciplinary proceedings, by an employer or regulatory body, due to dishonest activities? If yes, provide details.

<b>Activity</b>	<b>Description</b>

15. Have you ever been barred from entry into any profession or occupation? If yes, provide details.

<b>Profession</b>	<b>Description</b>



16. Have you at any time or has a company of which you were a director or alternate director or officer at the time of the offence, been convicted in any jurisdiction of any criminal offence, or an offence under legislation relating to the Companies Act. All such convictions must be disclosed even though they may now be "spent convictions".

Conviction	Description

17. Have you ever been removed from an office of trust, on the grounds of misconduct, involving dishonesty? If so, give full particulars.

Activity	Description

18. Has any court granted an order declaring you to be delinquent or placed you under probation in terms of Section 162 of the Companies Act and/or Section 47 of the Close Corporations Act, 1984 (Act No. 69 of 1984)? If so, give full particulars.

Activity	Description

19. In terms of the additional requirements, please also answer the following questions by ticking the appropriate block:

Question	Yes	No
Are you an un-emancipated minor, or under similar legal disability		
Are you an un-rehabilitated insolvent		
Have you been prohibited in terms of any public regulation from being a director or officer of a company		

20. Is there anything from your past that would bring you or the TMA-SA or the accreditation for which you are applying under scrutiny or disrepute? Provide a brief description in the space provided.

I, ....., (name of Applicant) declare that to the best of my knowledge and belief (having taken all reasonable care to ensure that such is the case) the answers to all the above questions are true, and I hereby give my authority to TMA-SA to disclose any of the foregoing particulars as TMA-SA may, in its absolute discretion, think fit.

I also acknowledge that ..... (name of Applicant), agree to be bound by and to comply with TMA-SA's Governing Body's requirements in terms of gaining accreditation status, as amended from time to time, and, in my capacity as a accredited professional, I undertake and agree to discharge my duties in ensuring such compliance whilst I am a designee.

I further acknowledge that certain requirements contained in TMA-SA's accreditation are amended from time to time, and may affect me directly as a designee and I undertake to be bound by and to comply with all such requirements whilst I am a designee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Incomplete applications will be returned to the sender. This will slow down the processing of the application and cause delays. Please ensure that the application and supporting documents are complete.

Applications must be accompanied by a proof of payment for the non-refundable registration fee (as applicable), see page 2.

**Payments** to be made to. TMA-SA  
Nedbank  
Account Number: 1454077301  
Branch Code: 145405

**Reference: TMA–Accreditation and your SURNAME**

*Receipt of your application will be acknowledged by means of an email. The application will then be processed and the outcome thereof communicated to you via email.*