



**ANNUAL DECLARATION - 2012  
ON BEHALF OF**

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**NAME OF MEMBER FIRM**

1. I declare that all Principals of the Member firm whose details appear in Schedule 1 comply with the Constitution and By-laws and have read and understand the **Code of Conduct** of Consulting Engineers South Africa.
2. The Member firm has **PROFESSIONAL INDEMNITY INSURANCE** as follows. (*PLEASE ATTACH A COPY OF THE FIRM'S CURRENT P.I. POLICY CERTIFICATE*).

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**NAME OF INSURER**

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**AMOUNT OF COVER**

(Prescribed minimum **R2m** in respect of any one claim)

3. I confirm that "Registered Principals", as defined in Clause 2.1.6 of the Constitution, constitute at least 50% of the partners/members/directors of the Member firm.
4. I confirm that the Principals and/or staff, who are registered persons in the categories accepted by Council, have the necessary qualifications and experience in respect of each of the fields of expertise claimed on Schedule 2.
5. I confirm that all the Principals of the firm have read and adhere to CESA's Business Integrity Management System.
6. The details of Principals (both Registered and Non-registered) and the number of personnel reflected on Schedule 1 are correct as at 1 January 2012.

**FORM OF THE MEMBER FIRM:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Sole Practitioner           | <input type="checkbox"/> Limited Company   | <input type="checkbox"/> Partnership                   |
| <input type="checkbox"/> Proprietary Limited Company | <input type="checkbox"/> Close Corporation | <input type="checkbox"/> Other (please specify): ..... |

WWW Address: \_\_\_\_\_

## QUALITY MANAGEMENT SYSTEM (QMS)

QUESTION	ANSWER		
1. Has your firm implemented and do you maintain a QMS?	<input type="checkbox"/> Yes	<input type="checkbox"/> In Progress	<input type="checkbox"/> No
2(a). * Is your firm ISO 9001:2008 certified	<input type="checkbox"/> Yes	<input type="checkbox"/> In Progress	<input type="checkbox"/> No
2(b). If yes, who was the certifying body?			
NAME:			

The QMS shall at least address the following procedures:

- Document Control
- Record Control
- Internal Audits
- Control (*Management*) of Non-conforming Products
- Corrective Action
- Preventive Action (*which would include risk management*)

**\* PLEASE NOTE THAT the implementation and maintenance of a QMS is a pre-condition of membership. Third party certification is NOT a requirement at this stage.**

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**FULL NAMES OF MANDATED PRINCIPAL** (in block letters)

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**SIGNATURE OF MANDATED PRINCIPAL**

DATE:

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Annual Declaration 2012

**COMPANY INFORMATION REQUIRED BY CESA :**

1. Does your firm have a (please tick box where applicable) :

Formalised Mentoring Programme

Formalised Candidate Programme

2. Name of person in the firm responsible for payment of subscriptions :

\_\_\_\_\_ E-Mail Address : \_\_\_\_\_

3. Name of person in the firm responsible for human resources and training :

\_\_\_\_\_ E-Mail Address : \_\_\_\_\_

4. Name of person in the firm responsible for marketing :

\_\_\_\_\_ E-Mail Address : \_\_\_\_\_