

CHARACTER REFERENCE FORM

CANDIDATE NAME:		
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE? NO <input type="checkbox"/> YES <input type="checkbox"/> (if yes, please give full details)		
MEMBERSHIP RECOMMENDED BY		
<i>Please note: the above-mentioned individual has applied for membership/accreditation from the IIA SA. In considering the application, we require an evaluation by a certified internal auditor or the candidate's supervisor or professor. The basis for this is the institute of internal auditors' code of ethics.</i>		
PLEASE READ THE CODE OF ETHICS AND THEN COMPLETE THIS FORM		
I HAVE KNOWN THE CANDIDATE FOR YEARS		
I AM (tick all that apply)	A CERTIFIED INTERNAL AUDITOR <input type="checkbox"/>	THE CANDIDATE'S SUPERVISOR <input type="checkbox"/> MANAGER <input type="checkbox"/> PROFESSOR <input type="checkbox"/>
OTHER (please give details):		
IN MY OPINION, (candidate's name):		
MEETS THE REQUIREMENTS SET BY THE INSTITUTE OF INTERNAL AUDITOR'S CODE OF ETHICS		
RECOMMENDER'S INFORMATION (does not have to be a member of the IIA SA)		
IIA MEMBERSHIP NO.:		
FIRST NAME:	SURNAME:	
ORGANISATION:		
POSITION:	DEPARTMENT:	
COMPANY ADDRESS:		
TEL (W):	FAX:	
E-MAIL :		
<i>By signing this character reference, I certify that all information given on this form is correct and i have not wilfully deceived the IIA SA by omitting information. I have read the code of ethics and have taken its requirements into consideration.</i>		
PRINT NAME:	SIGNATURE:	DATE: