



ICB

ACCREDITED BUSINESS
QUALIFICATIONS

MEMBERSHIP REGISTRATION FORM

Is this your first registration with the ICB?

Yes No

And if No, then please fill in your
existing ICB Ref number

Please complete the table below:

First Name			
Middle Name			
Surname			
Initials			
Title			
SA ID Number			
Date of Birth			
Gender			
Equity (for reporting to the SETA's)	Black – African	Coloured	Black – Asian/ Indian
	White	Eastern	
Nationality			
Home Language			
Citizen Residence Status			
Disability Status	Not Disabled	Disabled	
Socio Economic Status	Employed	Unemployed	
Alternate ID Type			
Alternate ID Number			
Highest Education			

Telephone Number (including area code)	
Fax Number (incl area code)	
Cell Number	
Email Address	
Address Line 1	
Address Line 2	
Address Line 3	
Address Line 4	
Address Line 5	
Postal Code	
Geographical Area (state SA Province or other)	



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Please tick the membership level you are registered for:

Membership Level	Designation
Student Bookkeeper	SBlcb(SA)
Certified Junior Bookkeeper	CJBlcb(SA)
Certified Senior Bookkeeper	CSBlcb(SA)
Certified Technical Financial Accountant	CTFAlcb(SA)
Certified Financial Accountant	CFAIcb(SA)
Certified Small Business Financial Manager	CSBFMIcb(SA)

I have fully completed this form and enclose the correct fees / proof of payment. I hereby make application for admission as a registered member on the basis of the particulars given on this form which I certify to be correct. I undertake, if admitted, to observe the regulations of the Institute.

DATE SIGNATURE..... (applicant)

To be signed by the principal of a recognised college, applicant's employer, superior officer, Minister of Religion, a person in authority or a member of a professional Institute.

I hereby recommend for registration as a Member of the Institute.
He/she is, in my opinion, suitable in every way for election as a Member.

DATE SIGNATURE.....

POSITION

NB. PLEASE FAX or EMAIL THE ASSESSMENT ENTRY FORM TOGETHER WITH PROOF OF PAYMENT TO THE ICB