

Member No \_\_\_\_\_



# Institute of Credit Management of South Africa

Application  
Form  
**2012**

Please note that the Application form must be completed in clear block letters and must be forwarded to :

**Institute of Credit Management  
National Office  
PO Box 73752  
FAIRLAND 2030**

**Fax: +27 (0)11 478 3841 /  
+27 (0)86 558 6823**

**Tel: 011 478 3830**

**E-mail [admin@icmorg.co.za](mailto:admin@icmorg.co.za)**

**[www.icmorg.co.za](http://www.icmorg.co.za)**

I declare that all the particulars given herein are true and correct. I acknowledge that the outcome of my application rests at the sole discretion of the Board of the Institute and that any misrepresentation of any facts, whenever discovered, will render my membership invalid.

WHERE APPLICABLE INCLUDE CERTIFIED COPIES OF ALL DOCUMENTS / CERTIFICATES

Surname ..... Initials .....

Signature ..... Date .....

An invoice with your payment reference number and payment instructions will be issued on receipt of the completed application form.

<b>BANK DETAILS:</b>	<b>NEDBANK</b>	<b>ACCOUNT NAME:</b>	<b>ICM NATIONAL ACCOUNT</b>
<b>BRANCH:</b>	<b>RANDRIDGE</b>	<b>ACCOUNT NO:</b>	<b>1514 218 534</b>
<b>BRANCH CODE:</b>	<b>15 14 05</b>		

OFFICE USE ONLY :

Date received : ..... Director's signature : .....

Membership grading : ..... Date approved : .....

**Retain a copy for your future reference**

**COMPLETE PERSONAL DETAILS (PAGE 3) IN FULL, THEN REFER TO THE SECTION BELOW:**  
Ascertain which section pertains to your application, **tick** the block and **complete** that page.

<input type="checkbox"/>	AFFILIATE	<b>Application for Affiliate Membership</b> Any person who wishes to be added to the Institute's E-mail database	Page 3 <b>NO designation</b> <b>NO voting rights</b>
<b>EXAMS</b>	LEARNER ENROLMENT	<b>To be completed for Part 1 – 4 ICM Exams</b> <b>PLEASE REFER TO THE EXAM REGISTRATION FORM</b>	
	EXEMPTION / RPL APPLICATION	<b>Application for Exemption</b> from Part 1 of the ICM Certificate in Credit Management / Recognition of Prior Learning of Part 2 / Part 3 Non-ICM Accredited Course <b>PLEASE REFER TO THE EXEMPTION/RPL APPLICATION FORM</b>	
<input type="checkbox"/>	MEMBERSHIP	<b>Application for Membership</b> Any learner of the Institute who has passed the Institute examination in Credit Management 2 <b>OR</b> Any person with St. 10 plus three years completed study in any field of business science <b>OR</b> Any person who has been employed full time in the field of Credit Management for three years	Page 4 <b>Designation = MICM</b> <b>Full voting rights</b>
<input type="checkbox"/>	ASSOCIATE	<b>Application for Associate Membership</b> Any member of the Institute who has achieved the Institute Certificate in Credit Management <b>OR</b> Any person with St. 10 plus four years completed study in any field of business science and who has been employed in the field of Credit Management full time for a minimum of one year <b>OR</b> Any person who has achieved the National Diploma in Credit Management and has been employed in the field of Credit Management full time for a period of two years	Page 5 <b>Designation = AICM</b> <b>Full voting rights</b>
<input type="checkbox"/>	CORPORATE	<b>Application for Corporate Membership</b> Any company who wishes to join the ICM	Page 6 <b>NO designation</b> <b>One vote at AGM</b>
	FELLOW	<b>Fellow Membership</b> Any Member by formal application to the Board <b>BOARD DECISION</b>	<b>Designation = FICM</b> <b>Full voting rights</b>

**YEARLY SUBSCRIPTIONS / MEMBERSHIP FEES - 2012 (All fees include VAT)**

Yearly subscriptions may be amended from time to time at the discretion of the Board of Directors.

**ICM Certificate in Credit Management Part 1 - 4 Learners please refer to the Exam Registration Form.**

<b>Membership</b>	<input type="checkbox"/>	<b>R 542.00 *</b>
Once off registration fee (all first time registrations)	<input type="checkbox"/>	<b>R 162.00 **</b>
<b>Associate Membership</b>	<input type="checkbox"/>	<b>R 542.00 *</b>
Once off registration fee (all first time registrations)	<input type="checkbox"/>	<b>R 162.00 **</b>
<b>Fellow Membership</b>	<input type="checkbox"/>	<b>R 0.00</b>
<b>Corporate Membership</b>	<input type="checkbox"/>	<b>R 4 275.00 *</b>
Once off registration fee (all first time registrations)	<input type="checkbox"/>	<b>R 385.00 **</b>
<b>International Postage fee (compulsory for Non-SA Members)</b>	<input type="checkbox"/>	<b>R 114.00 *</b>

\* Membership fees are halved for first-time applicants registering in the second semester.

\*\* R66-00 re-registration fees are payable where membership lapsed.

To be completed in full by all individuals

Title Mr  Mrs  Ms  Other (please specify)

Surname \_\_\_\_\_ Initials \_\_\_\_\_

First Names \_\_\_\_\_ Known as \_\_\_\_\_

Date of Birth \_\_\_\_\_ ID No. \_\_\_\_\_

Postal address \_\_\_\_\_  
(Please supply a PO Box if possible)

Code \_\_\_\_\_ Is this your Company address? \_\_\_\_\_

Telephone numbers Work ( \_\_\_\_\_ ) \_\_\_\_\_

Cell ( \_\_\_\_\_ ) \_\_\_\_\_

Home ( \_\_\_\_\_ ) \_\_\_\_\_

Fax ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail address \_\_\_\_\_

Name of current Employer \_\_\_\_\_

Line of Business \_\_\_\_\_

Department and Branch \_\_\_\_\_

Position \_\_\_\_\_

Length of Service From \_\_\_\_\_ To \_\_\_\_\_

Immediate Superior Title \_\_\_\_\_ Initials \_\_\_\_\_ Surname \_\_\_\_\_

**Should your employer require a TAX invoice, please provide the following:**

Company Name  
(as it must appear on the invoice) \_\_\_\_\_

Postal address  
(Please supply a PO Box if possible) \_\_\_\_\_

Code \_\_\_\_\_

**Company VAT no.** \_\_\_\_\_

**APPLICATION FOR AFFILIATE MEMBERSHIP**

To be completed by individuals who wish only to be added to the ICM E-mail Database  
(to receive ICM E-mail correspondence and invitations)

**PLEASE COMPLETE PERSONAL DETAILS (ABOVE) AS WELL**

Why do you wish to be affiliated to the Institute? \_\_\_\_\_

Present job description in brief: \_\_\_\_\_

**APPLICATION FOR MEMBERSHIP**

To be completed by individuals applying for Membership  
**PLEASE COMPLETE PAGE 3 – PERSONAL DETAILS AS WELL**

NB: In order to qualify for membership you need:

1. to be employed full time in the field of Credit Management for a minimum period of THREE years
2. **OR** to have passed at least Part Two of the Institute's Certificate in Credit Management
3. **OR** to have completed studies in at least a THREE-year course in any Business Science

**COMPLETE ONLY THE SECTION APPLICABLE TO YOU:**

1. How many years have you been in credit? .....

Current job title and brief job description .....

.....

.....

.....

Previous Employer .....

Who did you report to ..... Tel No. ....

Length of Service From ..... To .....

Job title and brief job description .....

.....

.....

Name of current employer .....

Signature of current employer ..... Date .....

**OR**

2. The ICM Certificate in Credit Management Part 2 Examination

When did you pass the exam? ..... Where .....

**OR**

3. Highest academic qualification .....

Where obtained ..... Date .....

Course duration .....

**Please attach certified copies of certificates obtained  
or any other relevant documentation in support of the above.**

**APPLICATION FOR ASSOCIATE MEMBERSHIP**

To be completed by members applying for Associate Membership

**PLEASE COMPLETE PAGE 3 – PERSONAL DETAILS AS WELL**

NB: In order to qualify for Associate Membership you need:

1. to be in possession of the Institute's Certificate in Credit Management
2. OR to have completed studies in at least a FOUR year course in any Business Science and have been full time employed in the field of Credit Management for at least ONE year
3. OR to be in possession of the National Diploma in Credit Management and have been full time employed in the field of Credit Management for at least TWO years

**COMPLETE ONLY THE SECTION APPLICABLE TO YOU:**

**1. ICM Certificate in Credit Management:**

Where obtained ..... Date .....

Certificate number .....

**OR**

**2. Highest academic qualification:**

Where obtained ..... Date .....

Course duration .....

How many years have you been working in a credit environment? .....

Current job title and brief job description .....

.....

.....

Name of employer .....

Signature of employer ..... Date .....

**OR**

**3. National Diploma in Credit Management:**

Where obtained ..... Date .....

Course duration .....

How many years have you been working in a credit environment? .....

Current job title and brief job description .....

.....

.....

Name of employer .....

Signature of employer ..... Date .....

**Please attach certified copies of all necessary documents in support of the above.**

**APPLICATION FOR CORPORATE MEMBERSHIP**

To be completed by companies applying for Corporate Membership

**PLEASE COMPLETE PAGE 1 – COVER PAGE AS WELL**

Company Name .....

Postal Address .....

Postal Code .....

Telephone No. ( ..... ) ..... Fax No. ( ..... ) .....

Company VAT no. ....

Line of business .....

Managing Director Title ..... Initials ..... Surname .....

Accountant Title ..... Initials ..... Surname .....

Person responsible for payment :

1. Title ..... Initials ..... Name ..... Surname .....

Job Title ..... e-mail address .....

Telephone No. ( ..... ) ..... Fax No. ( ..... ) .....

Give the names of (maximum) 5 employees to receive the Institute mail:

1. Title ..... Initials ..... Name ..... Surname .....

Job Title ..... e-mail address .....

2. Title ..... Initials ..... Name ..... Surname .....

Job Title ..... e-mail address .....

3. Title ..... Initials ..... Name ..... Surname .....

Job Title ..... e-mail address .....

4. Title ..... Initials ..... Name ..... Surname .....

Job Title ..... e-mail address .....

5. Title ..... Initials ..... Name ..... Surname .....

Job Title ..... e-mail address .....