

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



# Institute of Credit Management of South Africa

## Re-instate Membership 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.

**BANK DETAILS: NEDBANK  
BRANCH: RANDRIDGE ACCOUNT NAME: ICM NATIONAL ACCOUNT  
BRANCH CODE: 15 14 05 ACCOUNT NO: 1514 218 534**

**OFFICE USE ONLY :**

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

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

***Retain a copy for your future reference***



**PERSONAL DETAILS**

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.** \_\_\_\_\_

**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.

**Re-registration fees are payable where membership lapsed.**

Please tick ✓ the appropriate blocks:	
<b>Re-registration Fee (compulsory)</b>	<input checked="" type="checkbox"/> <b>2012</b> R 66.00
<b>Membership</b>	<input type="checkbox"/> R 542.00 *
<b>Associate Membership</b>	<input type="checkbox"/> R 542.00 *
<b>Fellow Membership</b>	<input type="checkbox"/> R 0.00
<b>Corporate Membership</b>	<input type="checkbox"/> R 4 275.00 *
<b>International Postage fee (compulsory for Non-SA Members)</b>	<input type="checkbox"/> R 114.00 *

\* Membership fees are halved when re-registering in the second semester.