

ICB MEMBERSHIP APPLICATION FORM

For Pastel Evolution Payroll users that passed their PCI/PCA examination



IN ORDER FOR THE ICB TO GRANT YOU CSPAIcb(SA) MEMBERSHIP, PLEASE COMPLETE THE APPLICATION FORM AND FAX IT TO +27 21 686 4083, TOGETHER WITH YOUR PCI/PCA PASTEL EVOLUTION PAYROLL TRAINING CERTIFICATE AND PROOF OF PAYMENT. PLEASE VIEW THE BANKING DETAILS AT THE BOTTOM OF THE PAGE.

The Institute of Certified Bookkeepers (ICB):

PO Box 2237, Cape Town, 8000 • Tel: +27 21 685 2746 • Fax: +27 21 686 4083 • E-mail: enquiries@icb.org.za

Surname:	_____					
First Name:	_____					
Middle Name:	_____					
Initials:	_____					
Title:	_____					
ID Number:	_____					
Date of Birth:	_____					
Gender (please select the applicable option):	<table><tr><td>Male</td><td>Female</td></tr></table>	Male	Female			
Male	Female					
Equity (for reporting to the SETA's) - Please select the applicable option:	<table><tr><td>Black: Asian/Indian</td><td>Black: Coloured</td><td>Black: African</td><td>White</td><td>Other</td></tr></table>	Black: Asian/Indian	Black: Coloured	Black: African	White	Other
Black: Asian/Indian	Black: Coloured	Black: African	White	Other		
Nationality:	_____					
Home Language:	_____					
Telephone Number (including area code):	() _____					
Cell Number:	_____					
Fax Number (including area code):	() _____					
E-mail address:	_____					
Postal Address:	_____ _____ _____ _____ _____					
Postal Code:	_____					
Preferred Communication Method (please select the applicable option):	<table><tr><td>Telephone</td><td>E-Mail</td><td>Fax</td></tr></table>	Telephone	E-Mail	Fax		
Telephone	E-Mail	Fax				
Socio-Economic Status (please select the applicable option):	<table><tr><td>Employed</td><td>Unemployed</td></tr></table>	Employed	Unemployed			
Employed	Unemployed					
Alternate ID Number:	_____					
Alternate ID Number Type:	_____					
Highest Education:	_____					

I have fully completed this form and enclose the correct fees for registration of **R657.90 (Excl. VAT)/R750.00 (Incl. VAT)**. 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: _____

Banking Details: The Institute of Certified Bookkeepers • FNB • Account Number: 50262418757 • Branch Code: 201309 • Type: Current.