



*Institute of
Credit Management NPC*

239-202 NPO
Reg no 1980/008634/08
VAT No: 4400218543

National Office

PO Box 10345 Edenglen 1613

Tel 011 450 3914 ext 206

Email: admin@icmorg.co.za

Website: www.icmorg.com

Professional Body Credit Management

Member № _____

Application Form

2023

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: FIRST NATIONAL BANK - EASTGATE
ACCOUNT NAME: INSTITUTE OF CREDIT MANAGEMENT NPC
BRANCH CODE: 25 77 05 ACCOUNT NO: 6282 788 6336

OFFICE USE ONLY :

Date received : Director's signature :

Membership grading : Date approved :

Retain a copy for your future reference



COMPLETE PERSONAL DETAILS (PAGE 4) 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 | Application for Affiliate Membership Any person who wishes to be added to the Institute's E-mail database | Page 5 NO designation NO voting rights |
| EXAMS | LEARNER ENROLMENT | To be completed for Part 1 – 5 ICM Exams PLEASE REFER TO THE EXAM REGISTRATION FORM | |
| | EXEMPTION / RPL APPLICATION | Application for Exemption from Part 1 of the ICM Certificate in Credit Management / Recognition of Prior Learning of Part 2 / Part 3 Non-ICM Accredited Course PLEASE REFER TO THE EXEMPTION/RPL APPLICATION FORM | |
| <input type="checkbox"/> | MEMBERSHIP | Application for Membership Any learner of the Institute who has passed the Institute assessment in Credit Management 2 OR Any person with grade 10 plus three years completed study in any field of business science OR Any person who has been employed full time in the field of Credit Management for three years. | Page 6 Designation = MICM Full voting rights |
| <input type="checkbox"/> | ASSOCIATE | Application for Associate Membership Any member of the Institute who has achieved the Institute Certificate in Credit Management. OR Any person with grade 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. OR Any person who has achieved the Certificate in Credit Management and has been employed in the field of Credit Management full time for a period of two years | Page 7 Designation = AICM Full voting rights |
| <input type="checkbox"/> | CORPORATE | Application for Corporate Membership Any company who wishes to join the ICM | Page 8 NO designation One vote at AGM |
| | FELLOW | Fellow Membership Any Member by formal application to the Board BOARD DECISION | Designation = FICM Full voting rights |



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YEARLY SUBSCRIPTIONS / MEMBERSHIP FEES – 2023 (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 - 5 Learners please refer to the
Assessment Registration Form.**

| | | |
|--|--------------------------|--------------------------------|
| Membership | <input type="checkbox"/> | R 842.00 |
| Once off registration fee (all first time registrations) | <input type="checkbox"/> | R 260.00 |
| Critical Skills Letter Fee | <input type="checkbox"/> | R 3 078.00 |
| Associate Membership | <input type="checkbox"/> | R 842.00 |
| Once off registration fee (all first time registrations) | <input type="checkbox"/> | R 260.00 |
| Fellow Membership | <input type="checkbox"/> | R 0.00 |
| Corporate Membership | <input type="checkbox"/> | R 6 470.00 |
| Once off registration fee (all first time registrations) | <input type="checkbox"/> | R 645.00 |
| Internal Postage fees (compulsory for non-SA members and learners) | <input type="checkbox"/> | R 260.00 |
| International Postage fee (compulsory for Non-SA Members) | <input type="checkbox"/> | As per prevailing rates |

In order to cancel ICM membership three months written cancellation notice must be sent to the ICM by September of each year to cancel your membership, failing this your ICM membership will be automatically renewed each year and membership is payable by the end of January each year.



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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. _____

Race Black ☐ Indian ☐ Coloured ☐ White ☐ Other ☐

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. _____



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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:



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APPLICATION FOR MEMBERSHIP

Certificate of Skills, Membership with ICM: **Experience in respect of South African Critical Skills as Risk Assessor - Credit**

To be completed by individuals applying for Membership
PLEASE COMPLETE PAGE 4 – PERSONAL DETAILS AS WELL

NB: In order to qualify for membership, you require:

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.**



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APPLICATION FOR ASSOCIATE MEMBERSHIP

To be completed by members applying for Associate Membership

PLEASE COMPLETE PAGE 4 – PERSONAL DETAILS AS WELL

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

1. Qualified in the Institute's Certificate in Credit Management
2. Completed studies in at least a Four-year course in any Business Science/Financial Management and have been full time employed in the field of Credit Management for at least ONE year
3. Qualified in 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.



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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 _____

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 _____