



Member verification form

(Application for the registration of a member of the ICSI/ICSA as a student of the ICSA _____
(name of country)/ICSI (strike out whichever is not applicable)

Please complete in **CAPITAL LETTERS** and in black ink

(All fields are compulsory)

Personal details

Title: Mr/Mrs/Mis/Ms/Dr (Please circle one) (**NAME AS PER RECORDS OF INSTITUTE**)

Surname: _____

Middle Name: _____

First name (s): _____

Date of birth: _____

E-mail address: _____

Mailing address:

- Building : _____

- Street: _____

- City: _____

- State: _____

- Country: _____

- Postcode: _____

Phone number (country and area code) _____

Membership details

Date elected to membership: _____

Membership number: _____

(Enclose self-certified copy of certificate of membership)

Applicant's signature

I certify that the information given above is a true and correct record in all aspects. Should any information be found to be false or misleading I acknowledge that my registration can be cancelled without any liability by either the ICSI or ICOSA.

Name: _____

Signature: _____

Date: _____

Membership verification

This section must be signed and completed by the ICSI/ICSA endorsing officer.

I certify that the ICSI/ICSA membership details given above are accurate and that the above mentioned has been a member in good standing for two years or more, as required by the Memorandum of Understanding between the ICSI and ICOSA.

Name: _____

Title: _____

Signature: _____ Date: _____

Contact details

Verification forms are to be forwarded to your Institute for completion

ICSI: CS Samir Raheja, Director, ICSI House, 22, Institutional Area Lodi Road, New Delhi-110003; with a Demand Draft of INR 1770/- in favour of the Institute of Company Secretaries of India payable at New Delhi.

Details of payment towards endorsement fee

Date	Demand draft No.	Name of Bank	Branch

ICSA: Your local division. No fee is payable

For office use only

Registration number: