



Member verification form for CGI Members Only

(Application for the registration of a member of the CGI as a student of the ICSI)

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 CGI**)

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)_____

CGI Membership details

Date elected to membership: _____

Membership number: _____



(Enclose self-certified copy of certificate of CGI/ICSA 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 CGI.

Name: _____

Signature: _____

Date: _____

Membership verification

This section must be signed and completed by the CGI endorsing officer.

I certify that the CGI 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 CGI.

Name: _____

Title: _____

Signature: _____ Date: _____

Verification forms are to be forwarded to your Institute for completion

ICSI: The ICSI has enabled the system of online Endorsement of Member Verification under the MoU. ICSI members can access the same through their online account at the ICSI website. The user manual for the same is available at:

<https://www.icsi.edu/media/webmodules/UsermanualICSA.pdf>

CGI: Your local division.

For office use only

Registration number: