

# 2017 Student Details form

I would like to:

- Register with the ICB
- Enter for an exam  
(also fill in the Exam Entry Form)
- Update my contact details
- Apply for Recognition of Prior Learning



# ICB

ACCREDITED BUSINESS QUALIFICATIONS

Existing ICB registration no. (leave blank if new learner) \_\_\_\_\_

- I have the current Prospectus (hard copy)
- I have the current Prospectus (from website)
- I am aware that I can register as a student online via the Student Portal instead of completing this form (www.icb.org.za)

Learnership (only complete if applicable):

I am on an ICB learnership and my employer/workplace provider is: \_\_\_\_\_

First name(s): \_\_\_\_\_

Last name: \_\_\_\_\_

Title: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of birth: \_\_\_\_\_

ID type: (Tick one)

SA ID  Malawi  Zimbabwe  Namibia  Tanzania  Other

ID number: \_\_\_\_\_

Equity (for reporting to the SETAs): (Tick one)

Black – African  Coloured  White  Asian/Indian

Nationality: \_\_\_\_\_

Home language: \_\_\_\_\_

Citizen residence status: (Tick one)

South African  Resident  Non-resident  Dual(SA & other)

Disability status: (Tick one) Not disabled  Disabled

Socio-economic status: (Tick one) Employed  Unemployed

If employed, which SETA does your employer belong to? \_\_\_\_\_

Please let us know where you matriculated:

City \_\_\_\_\_ Municipality \_\_\_\_\_

Area \_\_\_\_\_ Postal code \_\_\_\_\_

Highest education: \_\_\_\_\_

Telephone number: \_\_\_\_\_

(including area code)

Fax number: \_\_\_\_\_

(including area code)

Cell number: \_\_\_\_\_

Email address: \_\_\_\_\_

Physical address: \_\_\_\_\_

(To receive deliveries during working hours.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postal code: \_\_\_\_\_

Geographical area: \_\_\_\_\_

(state SA province or other)

Country: \_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postal code: \_\_\_\_\_

Fees: R330 annual registration fee.

## How to pay:

**EFT:** The Institute of Certified Bookkeepers, First National Bank, Rondebosch, Branch code: 201509, Account no.: 502 6241 8757, SWIFT code: FIRZAJJ.

**NO CASH** please.

**Credit card** payments via our secure Learner Portal.

**Snapscan** on mobile devices.



Snap here to pay



I have **FULLY COMPLETED THIS FORM** and enclose proof of payment. I hereby make application for registration as a student with the ICB and certify that the particulars given on this form are correct. I undertake, if admitted, to observe the regulations of the Institute. I consent to the ICB using my personal information only to provide services necessary to my studies, including sharing this information with relevant stakeholders/third party bodies such as Fasset and my training provider.

DATE ..... SIGNATURE ..... (applicant)

**SUBMIT THIS FORM WITH PROOF OF PAYMENT AND A COPY OF YOUR ID DOCUMENT TO:**

**FAX: 0864 284 926 or EMAIL to support@icb.org.za**

If you need to enter for an exam, please submit the Exam Entry form too or distance learning and self-studying/independent students may enter online using the Student Portal.