

2018 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 am aware that I can register as a student online via the Student Portal instead of completing this form (www.icb.org.za)
- I have the current Prospectus (from website)

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: R340 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.