

## APPLICATION FOR MEMBERSHIP OF THE INSTITUTE OF COMMERCIAL FORENSIC PRACTITIONERS

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**DOCUMENTATION:** Please ensure that the following documents are complete and are attached to your application.

| Applicant                     | Office use                    |  |
|-------------------------------|-------------------------------|--|
| ✓<br><input type="checkbox"/> | ✓<br><input type="checkbox"/> | Signed application form  |
| <input type="checkbox"/>      | <input type="checkbox"/>      | Certified copy of Identity Document or Passport  |
| <input type="checkbox"/>      | <input type="checkbox"/>      | Certified copy of Matric Certificate or applicable   |
| <input type="checkbox"/>      | <input type="checkbox"/>      | Certified copies of Diploma/Degree/Highest qualification(s)  |
| <input type="checkbox"/>      | <input type="checkbox"/>      | Certified copy of Employment Contract/Letter of confirmation of employment   |
| <input type="checkbox"/>      | <input type="checkbox"/>      | Comprehensive CV of applicant initialled by the applicant and current employer/last employer for factual correctness |
| <input type="checkbox"/>      | <input type="checkbox"/>      | LNRM Consent and Indemnity form  |

## SECTION 1: QUALIFICATION FOR MEMBERSHIP

### Commercial Forensic Practitioner (FP)SA

- 1) Any fit and proper person who applies will qualify as an (FP)SA on the following grounds:
- (a) in terms of a pre-approved grandfather period, which expired on 31 March 2010;  
or
  - (b) proof of having passed a pre-approved qualifying examination, as determined by the Board, with at least 3 years' relevant commercial forensic experience; or
  - (c) proof of any relevant degree, diploma or other qualification having a rating of at least NQF 7, with at least 10 years relevant commercial forensic experience; or
  - (d) proof of a senior certificate with at least 15 years relevant commercial forensic experience.

The ICFP Board determines what constitutes as relevant commercial forensic experience.

### Associate membership

- 1) Any fit and proper person, having passed a Senior Certificate and who is obtaining experience in the commercial forensic field or studying towards a relevant qualification, may apply for and be awarded associate membership.

### Please indicate for which membership type are you applying for?

(FP)SA  Associate Membership

### What makes this application complete:

- Complete all sections;
- Form must be signed;
- Attach certified copies of your identity document, Matric certificate, qualifications, and employment contract. A letter of confirmation of employment may substitute your employment contract;
- Certificates must indicate qualifications and subjects passed;
- Attach a comprehensive CV;
- Completed employers authentication;
- Completed undertaking by the applicant;
- Complete attached Consent and Indemnity Form.

## SECTION 2: Personal Particulars

Title: (Prof, Dr, Mr/Ms/Other)

Surname:

Full Names:

Preferred name:

Citizenship: South African

Yes

No

If no please specify:

NB: Please attach documentation indication your status (e.g. Permanent residence, study permit etc.)

Identity number:

Date of Birth:

Gender:

Male

Female

### Private contact details:

Postal Address:

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Physical Address:

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|  |

Tel (H):

Mobile phone:

Personal email:

### SECTION 3: Professional Particulars

#### Academic Particulars:

Diploma/Bachelor's Degree or higher (e.g. BCom Accounting, LL.B, B.Pol, BSC (IT), ND Internal Audit)

|    | Degree/Diploma | Institution | Year completed |
|----|----------------|-------------|----------------|
| 1. |                |             |                |
| 2. |                |             |                |
| 3. |                |             |                |
| 4. |                |             |                |

#### Practical Learnership experience:

Learnership with any relevant professional body/ employer: Please attach a certified copy of training contract.

|    | Professional Body | Learnership details | Date of Learnership |
|----|-------------------|---------------------|---------------------|
| 1. |                   |                     |                     |
| 2. |                   |                     |                     |
| 3. |                   |                     |                     |

Relevant commercial forensic experience:

1. Experience:

Organisation:

Designation:

Period: From

Month & Year

To:

Month & Year

Nature of experience:

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2. Experience:

*Organisation:*

*Designation:*

*Period: From*

Month & Year

*To:*

Month & Year

*Nature of experience:*

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\*Please print this page if more space is required.

**Membership of other Professional Bodies:**

Have you ever applied for membership of any other professional body?

If So Which?

With Result?

Membership number:

Are you still a member of such body? Yes  No

If NO, under which circumstances did you cease to be so?

|  |
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**Other:**

Have you ever been convicted of theft, fraud, forgery or uttering a forged document or perjury or any other criminal offence?

Yes  No  If yes please provide more details in an additional document.

Are you an unrehabilitated insolvent?

Yes  No  If yes please attach curator's report.

Have you at any time been removed from an office of trust because of misconduct?

Yes  No  If yes please provide more details in an additional document.

**Employment Equity Act:**

- \* Completion of this question is not mandatory. The purpose is however to assist with profiling of the industry in terms of employment equity goals as per the Constitution of the Republic of South Africa and the Employment Equity Act.
- \*\* The Employment Equity Act defines a disability as a long-term or recurring physical or mental impairment, which substantially limits prospects of entry into, or advancement in, employment.

**Disability:**

Do you have a disability as contemplated by the Employment Equity Act 55 of 1998? If Yes, please provide more details in an additional document.

**Employer particulars:**

Employer:

Province:

City/Town:

Employer physical address:

Employer postal address:

Industry:   
(Advisory Services/Government/  
Financial Services, Retail,  
Manufacturing etc.)

Tel (W):

**Employment particulars:**

Designation:

Department/  
Business unit:

Business email:

Primary responsibilities:   
  
  
(Accounting/Fraud Risk  
management/Investigation/  
Legal/Information Technology/  
Money Laundering etc.)

**Payment particulars:**

Who will be responsible for paying your annual membership fees?

Member:  Employer:

If your employer/sponsor will be paying your annual membership fees, please provide the following information.

Name of contact person:

Department/  
Business unit:

Tel number:

Email address:

**Particulars to appear on the invoice if paid by employer/sponsor:**

Organisation name:

Postal address:

Tel no:

Vat no:

Please note:

- The ICFP only has individual members and no corporate members. Members are therefore responsible for the payment of fees should employers/ sponsors fail to pay the annual membership fees.
- Membership with the Institute is renewed automatically each year until you resign from the Institute in writing and a pro-rata fee is charged.
- A membership year starts on 01 January and ends on 31 December.



## SECTION 4

### EMPLOYER'S AUTHENTICATION

#### PRACTICAL EXPERIENCE

To be completed by your current employer.

The Institute may confirm the information presented on the application with the employer(s) concerned.

I hereby certify that (applicant's name), \_\_\_\_\_

has obtained the relevant experience as indicated in his/her CV.

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Organisation: \_\_\_\_\_

Address of Organisation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**Official Company Stamp:**

## SECTION 5

### CODE OF ETHICS & RULES OF CONDUCT

Members should observe the relevant provisions of the Constitution of the Republic of South Africa, the MOI, and by-laws of the Institute. The fundamental principles to which members prescribe are:

1. **'Integrity'**, which means that members should be open and honest in their dealings, and truthful in the performance of their services.
2. **'Objectivity'** which means that members should be impartial and not allow prejudice or bias, conflict of interest or the influence of others to override their objective judgement.
3. **'Professional competence and due care'** which means that members should perform their service with due care, competence and diligence, and have a continuing duty to maintain their professional knowledge and skills at a level sufficient to ensure that all relevant stakeholders, e.g. clients, employers, credit providers and other government departments/agencies receive the advantage of competent service based on the latest developments in the profession and in keeping with current legislation.
4. **'Confidentiality'**, which means that members should respect the confidentiality of information acquired during the course of performing professional services and should not use or disclose any such information without proper and specific authority unless there is a legal or professional right or duty to disclose such information.
5. **'Professional behaviour'**, which means that members should act in a manner consistent with the good reputation of the Institute and the profession, refraining from any conduct that might bring the Institute and/or the profession into disrepute. Members should conduct themselves professionally with due consideration towards clients, third parties, other members of the profession, staff, employers and the general public.
6. **'Technical standards'**, which means that members should perform their services in accordance with the relevant technical and acceptable standards applicable at the time and with due regard to the legislative requirements that may apply. Members are duty-bound to perform their services with care and skill, taking note of the instructions of the clients or employer insofar as these instructions are compatible with the requirement to act with integrity, objectivity, and independence at all times.

**Herewith I acknowledge that I have read and understood the above fundamental principles of Professional Conduct and disciplinary rules that may be imposed by the Institute.**

**I undertake to observe the aforementioned provisions as well as any amendments that may be made thereto from time to time, for so long as I shall remain a member.**

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**Signature of Applicant**

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**Date**

## PERSONAL UNDERTAKING

### Membership Dues

I undertake that should my application be successful, to pay my annual membership fees and/or other fees due by me, timeously, to the Institute.

Hereby I acknowledge that I am a member of the Institute in my personal capacity and that I am **personally responsible** for the payment of my annual membership fees.

Hereby I acknowledge that my membership with the Institute is renewed automatically each year until I resign from the Institute in writing and that a pro-rata fee will be charged.

### Membership status

I undertake to inform the Institute timeously of any changes to my personal and/or professional particulars.

I undertake to file my annual declaration timeously and in inform the Institute within 60 days of any material issues that may impact my membership status.

I undertake to maintain my professional competence necessary in order to –

- provide high-quality service to clients, employers and other stakeholders; and
- strengthen public trust in the commercial forensic profession.

I undertake to maintain and update my professional competence by keeping my Continuous Professional Development (CPD) credits up to date as prescribed by the CPD policy.

**I certify that all information provided in this application is to the best of my knowledge both true and correct.**

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**Signature of Applicant**

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**Date**