

APPLICATION FORM

FORENSIC SHORT COURSES & ICFP BOARD EXAMINATION



THE FOLLOWING LINK SHOULD ALSO BE COMPLETED : <https://tinyurl.com/FOR-2026-Applications>

I wish to enrol for the following short courses pending the outcome of possible exemptions I might receive from the ICFP:

- | | |
|--|--|
| ☐ Commercial Forensic Accounting - CFA | ☐ Commercial Forensic Information Technology - CFIT |
| ☐ Commercial Forensic Investigation - CFI | ☐ Commercial Forensic Law - CFL |
| ☐ Commercial Forensic Practice and Fraud Risk Management - PFRM | |

ICFP Membership: ☐ Associate Member ☐ Non-Member

Do you wish to become a member of the ICFP: ☐ Yes ☐ No ☐ Not applicable

If yes, do you wish to apply for exemptions for prior learning: ☐ Yes ☐ No ☐ Not applicable

Indicate the short courses in respect of which you wish to apply for exemption:

- | | |
|--|--|
| ☐ Commercial Forensic Accounting - CFA | ☐ Commercial Forensic Information Technology - CFIT |
| ☐ Commercial Forensic Investigation - CFI | ☐ Commercial Forensic Law - CFL |
| ☐ Commercial Forensic Practice and Fraud Risk Management - PFRM | |

Particulars of applicant

Surname:
Names: Initials:
Title: ID number
Cell no.: Tel (h): Tel (w):
E-mail:

Postal address:
 Code:
Physical address:
 Code:
Work address:
 Code:

Professional details

Employer:
Years experience:
Portfolio:
(job description)
Highest Academic Qualification:
Institution: Year obtained:

Payment details: Cost: R12 200 per short course, R1000 deposit payable at registration and the balance by 31 July 2026.

Banking details: Account holder: NWU; Bank: ABSA; Acc. no 0670 642 313; Branch code: 632 005; Reference: Initials, Surname and course code. Please email proof of payment to: rentia.conradie@nwu.ac.za For attention: Forensic Course Administrator.

Method of Payment (Please mark appropriate box, No cash will be accepted)

Electronic Transfer ☐ Direct debit ☐

Signed at _____ on this _____ day of _____ year _____

Required documentation to be submitted:

1. Certified copy of Matric Certificate
2. Certified copies of Tertiary Qualifications
3. Copy of ID
4. ID photo (Electronic format accepted in Windows compatible formats)
5. Curriculum vitae (short description of work experience)

Signature of applicant

Completed form to be submitted to rentia.conradie@nwu.ac.za

Submit form

APPLICATION FORM

ICFP BOARD EXAMINATION ONLY



Please note: This application form should be completed should you **only wish** to enrol for the different modules of the ICFP **Board Examination**, but **not** the short courses thereto.

THE FOLLOWING LINK SHOULD ALSO BE COMPLETED : <https://tinyurl.com/FOR-2026-Applications>

I wish to enrol for the following modules of the board examination pending the outcome of possible exemptions I might receive from the ICFP:

- | | |
|--|--|
| ☐ Commercial Forensic Accounting - CFA | ☐ Commercial Forensic Information Technology - CFIT |
| ☐ Commercial Forensic Investigation - CFI | ☐ Commercial Forensic Law - CFL |
| ☐ Commercial Forensic Practice and Fraud Risk Management - PFRM | |

ICFP Membership: ☐ Associate Member ☐ Non-Member

Do you wish to become a member of the ICFP: ☐ Yes ☐ No ☐ Not applicable

If yes, do you wish to apply for exemptions for prior learning: ☐ Yes ☐ No ☐ Not applicable

Indicate the modules in respect of which you wish to apply for exemption:

- | | |
|--|--|
| ☐ Commercial Forensic Accounting - CFA | ☐ Commercial Forensic Information Technology - CFIT |
| ☐ Commercial Forensic Investigation - CFI | ☐ Commercial Forensic Law - CFL |
| ☐ Commercial Forensic Practice and Fraud Risk Management - PFRM | |

Particulars of applicant

Surname:			
Names:		Initials:	
Title:		ID number	
Cell no.:		Tel (h):	
		Tel (w):	
	E-mail:		
Postal address:			
		Code:	
Physical address:			
		Code:	
Work address:			
		Code:	

Professional details

Employer:			
	Years experience:		
Portfolio: (job description)			
Highest Academic Qualification:			
Institution:	Year obtained:		

Payment details: Cost: R5500 per short course, payable by 31 July 2026.

Banking details: Account holder: NWU; Bank: ABSA; Acc. no 0670 642 313; Branch code: 632 005; Reference: Initials, Surname and course code. Please email proof of payment to: rentia.conradie@nwu.ac.za
For attention: Forensic Course Administrator.

Method of Payment (Please mark appropriate box, No cash will be accepted)

Electronic Transfer ☐ Direct debit ☐

Signed at _____ on this _____ day of _____ year _____

Required documentation to be submitted:

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Signature of applicant

Submit form

Completed form to be submitted to rentia.conradie@nwu.ac.za