

2016 Learner Details form

I would like to:

- Register with the ICB
- Register for assessment
(also fill in Assessment 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 learner online via
the Learner Portal instead of completing this form
 I have the current Prospectus (from website) (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: _____

Postal address: _____

Postal code: _____

Geographical area: _____
(state SA province or other)

Country: _____

Physical 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: FIRNZAJJ.

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 learner 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 assessment, please submit the Assessment Entry form too or correspondence and self-studying/independent learners may enter online using the Learner Portal.

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