



Member verification form

(Application for the registration of a member of the ICSI/ICSA as a student of the ICSA/ICSI (strike out whichever is not applicable))

Please complete in CAPITAL LETTERS and in black ink

(All fields are compulsory)

Personal details

Title: Mr/Mrs/Miss/Ms/Dr (Please circle one)

Surname: _____

First name (s): _____

Date of birth: _____

E-mail address: _____

Mailing address:

- Street number and name: _____

- City: _____

- Country: _____

- Postcode: _____

Phone number (country and area code) _____

Membership details

Date elected to membership: _____

Membership number: _____

(Enclose self-certified copy of certificate of membership)



**THE INSTITUTE OF
Company Secretaries of India**
भारतीय कम्पनी सचिव संस्थान
IN PURSUIT OF PROFESSIONAL EXCELLENCE
Statutory body under an Act of Parliament



icsa
The Institute of Chartered
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Applicant's signature

I certify that the information given above is a true and correct record in all aspects. Should any information be found to be false or misleading I acknowledge that my registration can be cancelled without any liability by either the ICSI or ICOSA.

Name: _____

Signature: _____

Date: _____

Membership verification

This section must be signed and completed by the ICSI/ICSA endorsing officer.

I certify that the ICSI/ICSA membership details given above are accurate and that the above mentioned has been a member in good standing for two years or more, as required by the Memorandum of Understanding between the ICSI and ICOSA.

Name: _____

Title: _____

Signature: _____

Date: _____

Email: _____

Phone: _____

For office use only

Registration number: