



# Membership Application Form

Contact ID  -

## Personal details

Please enclose documentary evidence of any name change. (only if you haven't already done so)

Title (Mr/Mrs/Miss/Ms/other)

Surname/Family name

Forename(s)

Daytime phone no.

Country Code

Area Code

Phone number

Extension

Email Address

Date of birth (dd/mm/yy)

 /  / 

Age

Nationality

Correspondence Address

Town/City

County/State

Country

Post Code/ Zip code

## Have you completed your exams?

If yes, when did you complete your exams?

 /  / 

If no, when did you complete the strategic level?

 /  / 

Date completed full time education

 /  / 

## Declaration by the applicant (please read carefully)

I confirm that I have been subject to disciplinary sanction by another body or tribunal, or been convicted of an offence (other than an offence leading to a conviction which is now spent under the relevant jurisdiction) which may be relevant to my proposed membership of the Institute. I wish to declare the sanctions or convictions detailed in the attachment to this form, and recognise that the Institute may refuse my application for membership in the light of the information supplied by me, and may make such further enquiries in connection with my application as may be considered necessary.

Please place a tick in the box ONLY if the paragraph above is applicable.

I hereby make application for election to membership of the Institute on the basis of the particulars given, which I certify are correct. I confirm that I have read both the Bye-laws and Regulations and the ethical guidelines of the Institute and agree to be governed by these as now constituted, or as they may hereafter be amended.

I recognise that, until I obtain membership, I must not refer to myself as CIMA qualified, a CIMA member, an Associate or Fellow member of CIMA, a Chartered Management Accountant, or use the designatory letters FCMA or ACMA after my name.

I enclose a cheque for the Assessment of Practical Experience and membership application fee of £143.00 (2014) / I hold a Direct Debit mandate with the Institute through which you may debit my account for the £143.00 (2014) Assessment of Practical Experience and membership application fee (Please delete as appropriate and complete the remittance advice on page 3).

Please note, if you are awarded membership before 1 October, you will be liable to pay the balance of the ACMA subscription for the whole year.

Signature

Date

 /  /

Your proposer and seconder must be people you have worked for in the past or are currently working for. They must have direct knowledge of your work - ideally your manager - and have been in a more senior position than you. Together they must be able to verify at least 36 months of the relevant practical experience that appears in your Detailed Record of Experience, including 18 months in the core area. Neither your proposer or seconder needs to be a member of CIMA, nor do they need to be a qualified accountant. Your practical experience cannot be verified by a relative.

## Proposer (Verifier one)

Contact ID (if applicable)  -

Name of proposer

Qualifications/designatory letters

Current job title

Current contact telephone number

Email address

Company/Organisation name and address

Employment during which you acquired direct knowledge of the applicant's work experience (name of company/organisation)

Other remarks (optional)

### Declaration

I certify that the applicant named overleaf was responsible to me during the whole period (right), that the content of their job(s) was as stated in the Detail Record of Experience, and that their work performance was satisfactory during that period.

I hereby testify to the general good character of the applicant. I confirm that I am not a relative of the applicant.

From (date)

 /  / 

To (date)

 /  / 

Signature

Date

 /  /

Your proposer and seconder must be people you have worked for in the past or are currently working for. They must have direct knowledge of your work - ideally your manager - and have been in a more senior position than you. Together they must be able to verify at least 36 months of the relevant practical experience that appears in your Detailed Record of Experience, including 18 months in the core area. Neither your proposer or seconder needs to be a member of CIMA, nor do they need to be a qualified accountant. Your practical experience cannot be verified by a relative.

## Seconder (Verifier two)

Contact ID (if applicable)  -

Name of seconder

Qualifications/designatory letters

Current job title

Current contact telephone number

Email address

Company/Organisation name and address

Employment during which you acquired direct knowledge of the applicant's work experience (name of company/organisation)

Other remarks (optional)

### Declaration

I certify that the applicant named overleaf was responsible to me during the whole period (right), that the content of their job(s) was as stated in the Detail Record of Experience, and that their work performance was satisfactory during that period.

I hereby testify to the general good character of the applicant. I confirm that I am not a relative of the applicant.

From (date)

 /  / 

To (date)

 /  / 

Signature

Date

 /  /

## Current Employment Details

Job title

Company name

Department

Nature of business

Address

Town/City

County/State

Country

Post Code/Zip Code

Daytime phone no.

Country code

Area Code

Phone number

Extension

Email

Membership of other professional bodies (with dates obtained)

---

# Compiling your Assessment of Practical experience for the Membership Application

Please read your Practical Experience Requirements guide before completing your application.

## Have you included everything?

Please use the checklist below to make sure we have everything we need:

### Please tick

1. Assessment of practical experience/membership application form, including current employment details signed and dated.
2. Proposer and Seconder (verifiers) have signed, dated and fully completed their sections.
3. Original signatures are required (no digital) but scanned copies can be accepted if printed in high quality colour.
4. Employment Summary is completed up to present day, with a basic, core and supplementary analysis for all roles with relevant experience. Please do not double count your experience; the months of basic, core and supplementary must not exceed the number of months in the role. If you have any part time employment please pro-rata the months of Basic, Core and Supplementary to full time equivalent. Please also include any breaks from employment on the Summary.
5. Proof of payment is required with submission of membership application
6. Your Detailed Record of Experience (ensure a footer is used with name, contact ID and page number)
7. The Record of Skills Development includes all three parts. Please ensure a footer is used with name and contact ID

Please send your completed application form to:

MembershipServices.Johannesburg@aicpa-cima.com

---