

ICSI-STUDENT REGISTRATION FORM

(Application for Registration as ICSI student under
the ICSI/ICSA Memorandum of Understanding)



Please complete in CAPITAL LETTERS and black ink.

(All fields are compulsory and must be completed)

Personal details

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

Surname:

First name(s):

Father's Name:

Date of birth:

Gender : male/female (please circle one)

E-mail address:

Home address:

Postcode:

Country:

1st contact phone no.:

work/home/mobile (please circle one) (overseas: please ensure
you give the country and area code)

2nd contact phone no.:

work/home/mobile (please circle one) (overseas: please ensure
you give the country and area code)

Employment details (if applicable)

Designation:

Organization name:

Office address:

Postcode:

Country:

Please indicate which address we should use for communication:

☐

Home

☐

Office (if not ticked, default will be your home address)

For office use only

Registration no.:

Authorised by :

Date of Approval / Letter Sent :

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

ICSA-UK membership details

Please note a certified copy of your ICSI membership certificate must be submitted with this application.

Date ICSA-UK exams completed:

Date elected to membership of ICSA-UK:

ICSA-UK membership number:

This section must be signed and completed by the ICSA-UK endorsing officer.

ICSA-UK certification:

I certify that the ICSA-UK 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 ICSI and ICSA.

Signed:

Date:

Name with official stamp: _____

Registration with ICSI will be online after endorsement by ICSA

Applicant's Signature

I certify that the information given above is true and correct in all aspects. If any of the information found false or incorrect my registration would be liable for cancellation without any liability on ICSI.

Signature:

Date:

Place:

Encl: 1. Copy of ICSA-UK Membership Certificate (duly Certified)

2. Passport Size Photograph (Latest)