



Verification form for ICSI Member

(Application for the registration of a member of the ICSI as a student of the ICSA_____ (name of country))

Please complete in **CAPITAL LETTERS** and in black ink

(All fields are compulsory)

Personal details

Title: Mr/Mrs/Mis/Ms/Dr (Please circle one) **(Name as per ICSI membership Records)**

Surname: _____

Middle Name: _____

First name (s): _____

Date of birth: _____

E-mail address: _____

Mailing address:

- Building : _____

- Street: _____

- City: _____

- State: _____

- Country: _____

- Postcode: _____

Phone number (country and area code)_____

Membership details

Date elected to membership: _____

Membership number: _____

(Enclose self-certified copy of certificate of membership)



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 ICSA.

Name: _____

Signature: _____

Date: _____

Membership verification

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

I certify that the ICSI 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 ICSA.

Name: PREETI KAUSHIK BANERJEE

Title: DIRECTOR

Signature: _____ Date: _____

Verification forms are to be forwarded initially to

Ms. Preeti Kaushik Banerjee, Director, ICSI House, 22, Institutional Area Lodi Road, New Delhi- 110003; with a Demand Draft of INR 1770/- in favour of "The Institute of Company Secretaries of India" payable at New Delhi. ICSI will forward it to ICSA directly.

Details of payment towards endorsement fee

Date	Demand draft No.	Name of Bank	Branch

For office use only

Registration number: