



Institute Of Chartered Loss Control And Private Security Management

25 John Plagis Avenue, Alexandra Park, Harare.

Telephone: +2634781870/995 Fax: 253557

Email: info@iclm-int.org

CONFIDENTIAL MEMBERSHIP REGISTRATION (FORM 2)

- 1) This registration form is applicable for registration of applicants who have been admitted to the profession of loss control and private security management in terms of the Institute of Chartered Loss Control and Private Security Management Act Chapter 27:23 Section 17 and Section 11, 19 and 20 of the ICLPSM regulations.
- 2) ALL PARTS of this membership registration form must be completed.
- 3) This form is accompanying the letter of acceptance, invoice for membership as well as initial subscription fees.
- 4) Registration will not be processed unless membership and subscription fees are paid.
- 5) Certified copies of all required documents, curriculum vitae and 2 colour passport size photographs of applicant must accompany the completed application form if it has not been submitted on application.
- 6) Your admission will only be complete upon making a loyalty pledge and signing of the relevant declaration form before the chairman of the quality review board.

PART 1: PERSONAL DETAILS. (As they appear on official identification particulars)

1. SURNAME..... TITLE: MR..... MRS..... DR..... OTHER
2. FIRSTNAME..... MIDDLENAME.....

3. DATE OF BIRTH: DAY.....MONTH..... YEAR.....
4. NATIONAL IDENTITY NUMBER.....
5. CONTACT ADDRESS.....
.....
6. EMAIL ADDRESS.....
7. CONTACT TELEPHONE NUMBER.....
8. CELLPHONE NUMBER.....
9. NEXT OF KIN.....CONTACT NUMBER.....
10. NEXT OF KIN'S ADDRESS.....

PART2.CURRENT EMPLOYER

11. NAME.....
12. NAME OF CONTACT SUPERVISOR.....EMAIL ADDRESS.....
13. EMPLOYER'S TELEPHONE NUMBER.....
14. EMPLOYER'S EMAIL ADDRESS.....
15. EMPLOYER'S CONTACT ADDRESS.....
-

PART 3: I hereby confirm the particulars given above and all the documents whose copies I presented for certification as true copies of the originals by a commissioner and submitted together with my initial application reflect true information given by me.

I therefore declare that:

Using the above information the institute has approved my admission as its member in the category and should the information is found to be incorrect or false at any time my membership will be cancelled.

I **confirm** that I have not been subjected 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 affect my proposed membership of the institute.

Signed by me: On this..... day of..... (Year).....

.....

National Identity Number:

[illegible]

FOR OFFICIAL USE ONLY

PART 4.

1. This registration form has been screened by me (Executive Secretary) and the applicant's admission and registration has been approved by council at its..... meeting. Member is Now registered in the.....category.....

Signed.....

Date.....

EXECUTIVE SECRETARY

2. The member's registration has been confirmed by me:

Name:.....

Signature..... Date.....

CHAIRMAN (ADMISSION, REGISTRATION AND MEMBERSHIP COMMITTEE)

3. Application has been approved/not approved by me:

Name-----

Signed.....Date.....

PRESIDENT OF THE COUNCIL

4. **ADMISSION AND REGISTRATION OFFICE.**

a. File opened by.....Date.....

b. Membership Number allocated.....

5. **ACCOUNTS OFFICE**

a. File opened by.....Date.....

b. Membership Registration Receipt Number:

1.Date Issued.....

c. Initial Membership Subscription Receipt Number:

Amount..... Date Issued.....

Amount..... Date Issued.....

Amount..... Date Issued.....

BANKINGDETAILS

1. NOSTRO– USD

Institute of Chartered Loss Control and Private Security Management

FBC Bank

Southerton Branch

AccountNumber:6833263960244

2. Institute of Chartered Loss Control and Private Security Management

FBC Bank

Southerton Branch

AccountNumber:1333263960155

Completed form should be submitted to

*Institute of Chartered Loss Control and Private Security Management,
25 John Plagis Avenue, Harare*

Oremailedto:info@iclm-int.org

Call +2634781870/995 or email: info@iclm-int.org for enquiries and any queries.