



# Institute Of Chartered Loss Control And Private Security Management

18 Houghton Park Road, Houghton Park, Waterfalls, Harare

Harare. Telephone 263 4 781870/995, 253 894 Fax: 253 557,

Email: [info@iclm-int.org](mailto:info@iclm-int.org)

## CONFIDENTIAL MEMBERSHIP APPLICATION FORM

- 1) This application form is applicable for admission and registration as a professional member of the Institute of Chartered Loss Control and Private Security Management (ICLPSM)
- 2) Applicant must complete ALL PARTS
- 3) This form is for initial membership application only
- 4) No payment of membership or subscription fees should be paid until membership is approved by council and applicant receives the letter of admission and an invoice reflecting the required payments.
- 5) Certified copies of all required documents, curriculum vitae and 2 colour passport size photographs of applicant must accompany the completed application form.

### PART 1. PERSONAL DETAILS. (Please use black ink and write in block letters)

1. SURNAME.....TITLE: MR..... MRS.....DR.....OTHER
2. FIRST NAME..... MIDDLE NAME.....
3. DATE OF BIRTH: DAY.....MONTH..... YEAR.....
4. NATIONAL IDENTITY NUMBER .....

5. CONTACT ADDRESS.....  
.....
6. EMAIL ADDRESS.....
7. CONTACT TELEPHONE NUMBER.....
8. CELL PHONE NUMBER.....
9. NEXT OF KIN.....CONTACT NUMBER.....
10. NEXT OF KINS ADDRESS.....

## PART 2. EMPLOYMENT DETAILS

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

## PART 3. APPLICANT'S ACADEMIC AND PROFESSIONAL QUALIFICATIONS

(Only four relevant qualifications should be put on this form otherwise put the rest if any on a supplementary paper)

| UNIVERSITY/COLLEGE          | QUALIFICATION ATTAINED | DATE AWARDED      |
|-----------------------------|------------------------|-------------------|
|                             |                        |                   |
|                             |                        |                   |
|                             |                        |                   |
|                             |                        |                   |
|                             |                        |                   |
| OTHER INSTITUTE/ PROFESSION | MEMBERSHIP CATEGORY    | DATE OF ADMISSION |
|                             |                        |                   |
|                             |                        |                   |

## PART 4. MEMBERSHIP CATEGORY FOR WHICH THIS APPLICATION IS BEING MADE

- Chartered Professional Loss Control Manager (CpLM) ☐
- Chartered Professional Private Security Manager (CpSM) ☐
- Certified Loss Control Practitioner (CLCP) ☐
- Certified Security Practitioner (CSP) ☐

*NOTE: Place a tick inside the box applicable to your application*

**PART 5: STATISTICAL INFORMATION**

I came to know of the Institute of Chartered Loss Control and Private Security Management through:

Media ☐ Friend ☐ Institute website ☐

**PART 6: I hereby make this application for membership to the institute** on the basis of the particulars given, which I certify are correct. I further confirm that I am prepared to be bound by provision of the Institute of Chartered Loss Control and Private Security Management Act Chapter 27:23, and the institute's code of ethics which shall be provided to me upon my admission. I understand that upon admission I shall take oath take the **Professional Loyalty Oath** committing myself to duty obligation, treat the profession as a calling and above all to be loyal only to the profession and national as well as international statutes.

**I therefore declare that:**

I have gained the minimum education sufficient enough for me to make this application.

**I recognise that,** until I am formally admitted and registered as a member of the institute, I must not regard myself as its member in any category whatsoever.

Place a cross in the box ONLY if the paragraph below is applicable ☐

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:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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**FOR OFFICIAL USE ONLY**

**PART B.**

1. This application has been screened by me (Executive Secretary) and the applicant is recommended\ not recommended for consideration as a member of the institute based on the ..... comments ..... below

.....  
.....

Signed.....

Date .....

**EXECUTIVE SECRETARY**

2. This application has been reviewed by the admission and registration committee and applicant is recommended / not recommended for admission and registration as a member of the institute in the ----- category.

**COMMENT**.....

.....

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

**CHAIRMAN (ADMISSION, REGISTRATION AND MEMBERSHIP COMMITTEE)**

3. Application has been considered by the Council and has been approved / not approved.

4. Comment -----

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

**PRESIDENT OF THE COUNCIL**

5. **REGISTRY/ACCOUNTS OFFICE.**

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

b. Account opened by.....Date.....

6. **MEMBERSHIP / ADMISSIONS OFFICE**

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

b. Documents received

1.....

2.....

3.....

4.....

Date.....

c. Membership number ..... Date.....

#### **BANKING DETAILS**

1. **NOSTRO – USD**

**Institute of Chartered Loss Control and Private Security Management**

FBC Bank

Southerton Branch

Account Number: 6833263960244

**ZiG**

**Institute of Chartered Loss Control and Private Security Management**

FBC Bank

Southerton Branch

Account Number: 1333263960155

**NOTE:**

*Completed form should be submitted to  
Institute of Chartered Loss Control and Private Security Management  
18 Houghton Park Road, Harare*

*Or emailed to: [info@iclm-int.org](mailto:info@iclm-int.org)*

*Call 00263 250557 or email [info@iclm-int.org](mailto:info@iclm-int.org) for enquiries and any queries*

*Approval of membership categories are determined by council in terms of the ICLPSM regulations.  
Member has the right to appeal the decision of council provided he/she complies with section 11 of the regulations.*