MOU student registration form – CSQS
(ICSI/ICSA Memorandum of Understanding)

Please complete in CAPITAL LETTERS and black ink.
* Denotes a compulsory field and must be completed.

Personal details

Title: Mr/Mrs/Miss/Ms/Dr* (please circle one) Other title:* (please specify)

Surname/family name:*

First name(s):*

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)

3rd contact phone no.: work/home/mobile (please circle one) (overseas: please ensure you give the country and area code)

Employment details (if applicable)

Job title:

Employer name:

Employer address:

Postcode: Country:

Please indicate which address we should use for communication: ☐ home ☐ business (if not ticked, default will be your home address)

How do you intend to study:* (please tick one)

☐ self-study ☐ via a tuition provider (distance learning)

☐ via a tuition provider (face-to-face) ☐ via a tuition provider (online)

Name of chosen tuition provider: (if known)

For office use only

Enquiry reference no.: Student no.:

The Institute of Chartered Secretaries and Administrators
16 Park Crescent ▪ London ▪ W1B 1AH
www.icsa.org.uk

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ICSI membership details

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

Date ICSI exams completed:

Date elected to membership of ICSI:

ICSI membership number:

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

ICSI certification:

I am pleased to confirm 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 ICI and ICSA.

Signed: Date:

Please print name:

Data protection

From time to time, ICSA will need to send you important information relating to your studies. By signing this form you are giving your consent to receive this information.

ICSA and its subsidiaries may send you promotional literature about issues or services relevant to the profession or your studies. If you do **not** wish to receive these mailings, please tick the(se) box(es):

☐ by post ☐ by e-mail

ICSA occasionally supplies, on a restricted basis, mailing lists to other approved organisations. If you prefer **not** to receive this information by direct mail from those to whom we supply these lists, then please tick the(se) box(es):

☐ by post ☐ by e-mail

Initial registration payment

Please note that your registration will not be processed until the Institute has received full payment of the initial registration, annual subscription and exemption fees for the following modules: Financial Reporting; Applied Business Law; Corporate Law; Financial Decision Making; Strategy in Practice. The payment form is available from **www.icsa.org.uk.**

☐ I enclose a cheque/bank draft for the sum of: **£** (please make cheque/bank draft payable to ICSA)

☐ I enclose a completed payment form of:

Student fees paid by:* (please tick appropriate box)

☐ self-funded

☐ employer-funded

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How did you hear about ICSA?*

- ☐ ICSA website
- ☐ a graduate/career magazine or website
- ☐ a legal or accountancy magazine or website
- ☐ a press article
- ☐ the careers service
- ☐ a careers fair
- ☐ family/friend
- ☐ employer/colleague
- ☐ other

What is your current situation?*

- ☐ recent graduate/post graduate looking for work
- ☐ currently working in company secretary/corporate governance or related field
- ☐ currently working in law
- ☐ currently working in accountancy
- ☐ currently working in another field
- ☐ other

Applicant's signature

I certify that the information given above is, to the best of my knowledge, accurate in all aspects. I have read and accept the ICSA students' regulations, terms and conditions.

Signature:* Date:*

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