

**APPLICATION FOR REGISTRATION ON THE
 ACFE(SA) FORENSIC ENQUIRY SYSTEM**

I. PERSONAL

Prof. Dr. Adv Mr. Ms. Other: _____
 Initials: _____ Preferred Name: _____
 Surname: _____
 Date of Birth: _____
 Identity Number: _____
 Home Postal Address: _____
 _____ Postal Code: _____
 Home E-mail Address: _____
 Home Telephone Number: (____) _____
 Cellular Telephone Number: _____
 Any criminal / pending cases against you: Yes No
 If yes please indicate the nature: _____

II. BUSINESS INFORMATION:

Employer/ Business: _____
 Industry type: : _____
 Work Telephone Number: (____) _____
 Work Fax Number:(____) _____
 Work E-mail Address: _____
 Your Job Title: _____
 To whom do you report? _____
 His/her contact number? _____
 Number of fraud examiners in company? _____
 Are you a practising fraud examiner? Yes No
 Years of fraud examination experience: _____
 CFE CA (SA) CIA Other: _____
 Which professional Associations do you belong to?

PREFERRED MAILING ADDRESS:

Postal: Home Business
 E-mail: Home Business

III. MEMBERSHIP STATUS

Please indicate the membership status you currently hold and where applicable provide both local and international membership numbers.

Affiliate Local Member no: _____
 CFE Local Member no: _____
 International Member no: _____
 Associate Local Member no: _____
 International Member no: _____

IV. CONSENT

I consent to ACFE SA requesting and reporting my Confidential Information, Credit and Prescribed Information, and Criminal Record for the prescribed purposes.

I consent to the storage of my personal data in the ACFE's offices in the United States, in its regional offices, and by its local chapter.

V. CERTIFICATION

I certify that the above is true and correct to the best of my knowledge. Falsification of any information on this application is grounds for denial or revocation of membership. If this application is accepted, I agree to abide by the Bylaws and Code of Professional Ethics of the Association of Certified Fraud Examiners, the rules applied by the Association of Certified Fraud Examiners – South African Chapter, and the Code of Use of the ACFE(SA) Forensic Enquiry.

 Applicant's Signature Date

FOR OFFICE USE ONLY
Membership Number: _____
Date Approved: _____
Notification: <input type="checkbox"/> Yes _____