

ACFE BOTSWANA CORPORATE SPONSOR APPLICATION

I. SPONSOR COMPANY INFORMATION:

Company/ Business: _____

Number of fraud examiners in company? _____

Please indicate clearly if this is an all inclusive sponsorship for all employees and departments of above mentioned company or if it is limited to specific departments:

All inclusive

Limited to staff in the following Department(s):

II. FEES

1 – 20 members: BWP 20000

21 – 49 members: BWP 25000

50 plus members: BWP 30000

Please note: These subscription fees are in addition to International Association fees. All fees and dues are non-refundable. Rates subject to change.

Certified Fraud Examiners – SA Chapter
Rand Merchant Bank
Account number: 0380288
Branch: Brooklyn; Pretoria FNB SWIFT: FIRNZAJJ
Ref no: Company followed by "Subs"
"

III. BILLING INFORMATION

(Full details as it should appear on the invoice)

Company/ Organization _____

Dept/Cost Centre: _____

Billing Postal Address: _____

_____ Postal Code: _____

E-mail Billing Address: _____

Company VAT no _____

IV. REGISTRATION OF MEMBERS

A separate application form for each member joining under the status of Corporate Membership must be submitted together with this application form. Should a member resign the Association must be notified in writing

V. DESIGNATED EMPLOYEE (S)

Please appoint a staff member to act as liaison with the ACFE on administrative and/or billing issues.

Contact Person for Administrative and Membership Issues

First Name: _____

Surname: _____

Cellular Telephone Number: _____

Work Telephone Number: (_____) _____

Work Fax Number : (_____) _____

Work E-mail Address: _____

Contact Person for billing enquiries:

First Name: _____

Surname: _____

Cellular Telephone Number: _____

Work Telephone Number: (_____) _____

Work Fax Number : (_____) _____

Work E-mail Address: _____

VI. CERTIFICATION & AUTHORIZATION

I the undersigned (Initial and surname):

In my capacity as (Business title):

For and on behalf of (Company name):

And duly authorized thereto, hereby confirm that the company takes responsibility for

- Payment of Annual Membership fees
- Vetting and monitoring of staff members

I further declare that the information contained in this application is true and correct, and that we shall comply with all the rules applied by the Association of Certified Fraud Examiners – South Africa.

Signature

Date

FOR OFFICE USE ONLY

Membership Number: _____

Date Approved: _____

Notification of Membership: Yes _____

Membership Fee Received: Yes No _____