

# ACFE MALAWI CORPORATE SPONSOR INDIVIDUAL APPLICATION

## I. QUALIFICATIONS FOR MEMBERSHIP

There are two categories of membership: Local (SA Chapter) and International. This application is for Local Membership only. You may apply for International membership separately on [www.acfe.com](http://www.acfe.com). Local chapter membership is not a requirement for ACFE members.

Were you previously registered with the SA Chapter? Yes  / No

Please indicate the membership status you are applying for and where applicable provide your international membership number. Your Chapter status will correspond with your International status.

- Affiliate (South Africa membership only)
- Corporate member (South Africa membership only)
- Student (South Africa membership only)
- CFE Provide your International Member no: \_\_\_\_\_
- Associate Provide your International Member no: \_\_\_\_\_
- Student Associate Provide your International Member no: \_\_\_\_\_
- Educator Associate Provide your International Member no: \_\_\_\_\_

## II. PERSONAL

Prof.  Dr.  Adv  Mr.  Ms.  Other: \_\_\_\_\_

Initials: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Full names: \_\_\_\_\_

Surname: \_\_\_\_\_

Identity Number: \_\_\_\_\_

NB Please attach a copy of your Identity Document to the application

Date of Birth: \_\_\_\_\_

Home Language:  English  Afrikaans  Other- \_\_\_\_\_

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: \_\_\_\_\_

### PREFERRED MAILING ADDRESS:

E-mail:  Home  Business

## III. BUSINESS INFORMATION:

Employer/ Business: \_\_\_\_\_

Work Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Work Fax Number: (\_\_\_\_\_) \_\_\_\_\_

Work E-mail Address: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

To whom do you report? \_\_\_\_\_

His/her job title? \_\_\_\_\_

Number of fraud examiners in company? \_\_\_\_\_

### QUALIFICATIONS & EXPERIENCE:

Are you a practising fraud examiner?  Yes  No

Years of fraud examination experience: \_\_\_\_\_

Qualifications: \_\_\_\_\_

Which professional Associations do you belong to?

CA (SA)  CIA Other: \_\_\_\_\_

## 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.

## VI. 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 and the rules applied by the Association of Certified Fraud Examiners – South African Chapter. Membership is a privilege and not a right.

\_\_\_\_\_

Applicant's Signature

Date

### FOR OFFICE USE ONLY

Membership Number: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Notification of Membership:  Yes \_\_\_\_\_

Membership Fee Received:  Yes  No \_\_\_\_\_

JOIN TODAY! fax: 012 346 1927 tel:012 346 1913 admin@acfesa.co.za www.acfesa.co.za