



# Member verification form for CGI Members Only

(	Application	for the	registration	of a	member	of the	CGI	as a	student	of the	ICSI)
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Please complete in CAPITAL LETTERS and in black ink

(All fields are compulsory)

### **Personal details**

Title: Mr/Mrs/Mis/Ms/Dr (Please circle one) (NAME AS PER RECORDS OF CGI)

Surna	ame:	
Midd	le Name:	
First name (s):		
Date of birth:		
E-ma		
	ng address: Building :	
-	Street:	
-	City:	
-	State:	
-	Country:	
-	Postcode:	
Phon	e number (country and are	a code)

## **CGI Membership details**

Date elected to membership:	
Membership number:	

(Enclose self-certified copy of certificate of CGI/ICSA membership)





# Applicant's signature

I certify that the information given above is a true and correct record in all aspects. Should any information be found to be false or misleading I acknowledge that my registration can be cancelled without any liability by either the ICSI or CGI.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

## **Membership verification**

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

I certify that the CGI 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 the ICSI and CGI.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date:

### Verification forms are to be forwarded to your Institute for completion

ICSI: The ICSI has enabled the system of online Endorsement of Member Verification under the MoU. ICSI members can access the same through their online account at the ICSI website. The user manual for the same is available at: https://www.icsi.edu/media/webmodules/UsermanualICSA.pdf

**CGI:** Your local division.

For office use only Registration number: