



ICM (K)

Institute of Credit Management (Kenya)

ST. GEORGES HOUSE- 4TH FLOOR – PARLIAMENT ROAD- NAIROBI

P.O. BOX 54340-00200- TEL NO. 317872/212753- NAIROBI

Mobile No. 0728-621516

MEMBERS REGISTRATION FORM

This form should be filled by any person who is willing to become a registered member of the Institute of Credit Management Kenya

(A) DETAILS OF APPLICANT

Full Names of Applicant : _____
Postal Address : _____
Telephone Number-office : _____
Cell Phone : _____
E-mail Address : _____

(B) DETAILS OF EMPLOYER

Name of employer : _____
Postal Address : _____
Telephone Number : _____
E-mail Address : _____
Position Held : _____

(C) MEMBERSHIP GRADE

SUBSCRIPTION FEE

Tick one as appropriate

- | | |
|---------------------|--|
| 1. Registration fee | 2,000 – one off payment to join ICM (K) |
| 2. Associates | 2,000 per year (For registered students with KASNEB but are yet to graduate) |
| 3. Graduates | 5,000 per year (Eligible member must be a graduates of KASNEB- CCP- finalists) |

- KASNEB Registration Number _____
- Year and month _____
- Membership Grade Applied for _____

- Mode of payment _____
 - ICM Membership Number _____
- Signature _____ Date _____

(D) NOTES

1. Please attach 1pp size photograph
2. Attach copy of your I/D
3. All subscriptions are payable the first week of January every year, failure to which a member is deregistered.
4. There will be a penalty of 100% reinstatement fee on all deregistered members
5. Members should familiarize themselves with the code of ethics which should always be adhered to. (refer the ICM website for details)
6. If you wish to make your payment to the bank account – the a/c no. is_ **1002140221**- NIC Bank – CITY CENTRE BRANCH- Nairobi.
7. Those wishing to pay physically in exchange of a receipt should get in touch with the ICM coordinator Mr. Joseph Muiruri tel. nos. 317872 or 0722- 635902

APPROVED

CHAIRMAN _____ DATE _____

SECRETARY _____ DATE _____

TREASURER _____ DATE _____