

# ACFE MALAWI MEMBERSHIP 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. FEES

### JOINING FEES

Individual members are required to pay a joining fee:

- CFE/ Associate/ Affiliate USD 18  
 Students USD 10

### ANNUAL LOCAL SUBSCRIPTION FEES

CFE	USD 50
Associate	USD 90
Affiliate	USD 120
Student	USD 20

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

## III. 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

## IV. BUSINESS INFORMATION:

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

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

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

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

You're 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: \_\_\_\_\_

## V. PAYMENT

### PARTY RESPONSIBLE FOR PAYMENT:

(Full details as it should appear on the invoice)

Employer  Personal

Company/ Organization \_\_\_\_\_

Billing Postal Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Company VAT no \_\_\_\_\_

E-mail Billing Address: \_\_\_\_\_

### ACFE SA Payment Information:

Certified Fraud Examiners – SA Chapter

Rand Merchant Bank

Branch: Brooklyn Pretoria USD ACCOUNT

Account number: 0380261

Ref no: Surname and Initials followed by "Subs"

## VI. 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.

## VII. 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 \_\_\_\_\_