



**INSTITUTE OF
MANAGEMENT
CONSULTANTS OF
SOUTH AFRICA**

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2021
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APPLICATION TO REGISTER A PRACTICE

PRACTICE NAME: *1 _____

Business Postal Address: _____

Business Street Address: _____

Post Code: _____ **(W) Tel. (____)** _____

Fax: (____) _____ **E-Mail:** _____

Website _____

STAFF BREAKDOWN	IMC MEMBERS/CMC	OTHER	TOTAL
-Principals *2	_____	_____	_____
-Consulting staff	_____	_____	_____
-Support Staff	_____	_____	_____
-Total	_____	_____	_____

AREAS OF SPECIALISATION

SUPPORTED BY

(IMC Member or Fellow who is a principal of the applicant practice and who supports/sponsors of the application)

MEMBER/CMC/FELLOW NAME: _____

SIGNATURE: _____

DATE: _____

***1 Please supply official documentation, registration, vat etc**

***2 A Principal is a Partner, Director or equivalent level for the applying practice.**