



**INSTITUTE OF
MANAGEMENT
CONSULTANTS OF
SOUTH AFRICA**

P.O. Box 798
Hurlingham Manor
2070
Tel No. (011) 509-4455
Fax No. (011) 886-0072
E-mail: info@imcsa.org.za
www.imcsa.org.za

APPLICATION TO REGISTER A PRACTICE

CONTACT DETAILS

Trading Name:.....

Address:
.....
.....
.....

ZIP/Postcode.....

Telephone: Fax:

E-mail:..... Website:

Nominated contact: Position:

PRACTICE DETAILS

Principals:

Authorised signatory:

No. of Consulting Staff (i) Employed.....(ii) Associates.....
(iii) Members of the IMCSA.....

Employment Terms (e.g. Salaried, Commission, Entry fees, Contracts etc.):
.....

Note: where the majority of consulting staff are not directly employed an address list will be required.

Fee income from clients: (Approx.)..... Other income:



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DECLARATION

I the authorised signatory,
representing(consultancy practice),

declare a willingness to work with the Institute of Management Consultants & Master Coaches of South Africa (IMCSA) to achieve Registered Consulting Practice (RCP) status of the IMCSA within one year from the date of this declaration.

To that end I agree that:

- the practice is an identifiable organisation undertaking a management consultancy role and providing management consulting services,
- the Institute staff shall have reasonable access to staff of the practice,
- we have or will develop training and development processes and systems that are equivalent to the criteria laid down by the Institute for its Certified Management Consultant (CMC) qualification,
- we will submit to review and audit of those processes and systems as required by the Institute,
- on achieving Registered status we will encourage our staff to become members of the Institute and promote the benefits of membership.
- being Registered we will submit to a random review visit
- the Practice will adhere to the Institute's Code of Professional Conduct and Complaints and Disciplinary Procedure.

This declaration is approved and endorsed by the Directors / Partners / Management of the Practice.

Signed.....(Authorised signatory) Name.....
Date.....

Signed.....(Witness) Name.....
Date.....