THE CHARTERED INSTITUTE OF BUSINESS MANAGEMENT

Address: Block C, Riviera Park, 6 - 10 Riviera Road, Killarney, 2193
Telephone: +27 11 551-4000
Website: www.chartgov.co.za

Application for membership

Dear Member/ Graduate/ Student

CHARTERED INSTITUTE OF BUSINESS MANAGEMENT - C I B M

We have pleasure in introducing the Chartered Institute of Business Management, which is an affiliate of Chartered Governance Institute of Southern Africa.

The CIBM is not an examining body but recognises subjects passed or exempted from the CGISA curriculum. The major difference is that students will be entitled to apply for membership of the CIBM at various levels after passing a minimum of five CIS modules or if exemptions are granted and apply the appropriate designatory title after their names.

Members of other professional bodies, university graduates or holders of National Diplomas can qualify to apply for a higher level of CIBM membership by studying for the CGISA programme.

Graduates, Associates and Fellows of Chartered Governance Institute of Southern Africa may apply for dual membership of CGISA and CIBM at FCIBM level only.

REQUIRED NUMBER OF EXEMPTIONS/SUBJECTS PASSED			
Level	**Designatory title**	**No. subjects passed in sequence**	**2026 subscription fee (incl. VAT)**
Fellow	FCIBM	17	R1 601,00
Associate	ACIBM	11	R1 113,00
Licentiate	LCIBM	8	R 943,00
Affiliate	AffCIBM	4	R 763,00
Retire rate			R 350,00

Any queries can be e-mailed to the Membership department – membership@chartgov.co.za

Current Directors: S Mbhamali, S Giuricich, D Da Silva
(Reg No. 1982/007424/08 – The Chartered Institute of Business Management NPC)

APPLICATION FOR REGISTRATION AS A CIBM MEMBER

Please complete in block capitals and email to membership@chartgov.co.za.

PERSONAL INFORMATION

Student number:		**Member number:**	
Title:	☐ Prof. ☐ Dr ☐ Mr ☐ Mrs ☐ Ms ☐ Other:		
Surname:			
Forenames:			
Identity number:		**Nationality:**	
Date of birth:		**Gender:**	☐ Male ☐ Female ☐ Other

CONTACT & ADDRESS INFORMATION

Cell phone:		**Home:**	
Email:			
Postal Address:			
Suburb:		**Postal Code:**	

SIGNATORIES

There must be two signatories, both should be of professional status and must have known the applicant for at least one year.

Full Names	Professional Designation	Signature
1.		
2.		

BUSINESS INFORMATION

Employer		**Telephone:**	
Job title:			
Email			

PAYMENT OPTIONS

- Electronic Funds Transfer (EFT)
- Direct deposit into the CGISA's bank account
- Card Payment at CGISA's office with physical card
- Online payments via the CGISA's online portal – you must log in as a member or student to process payment

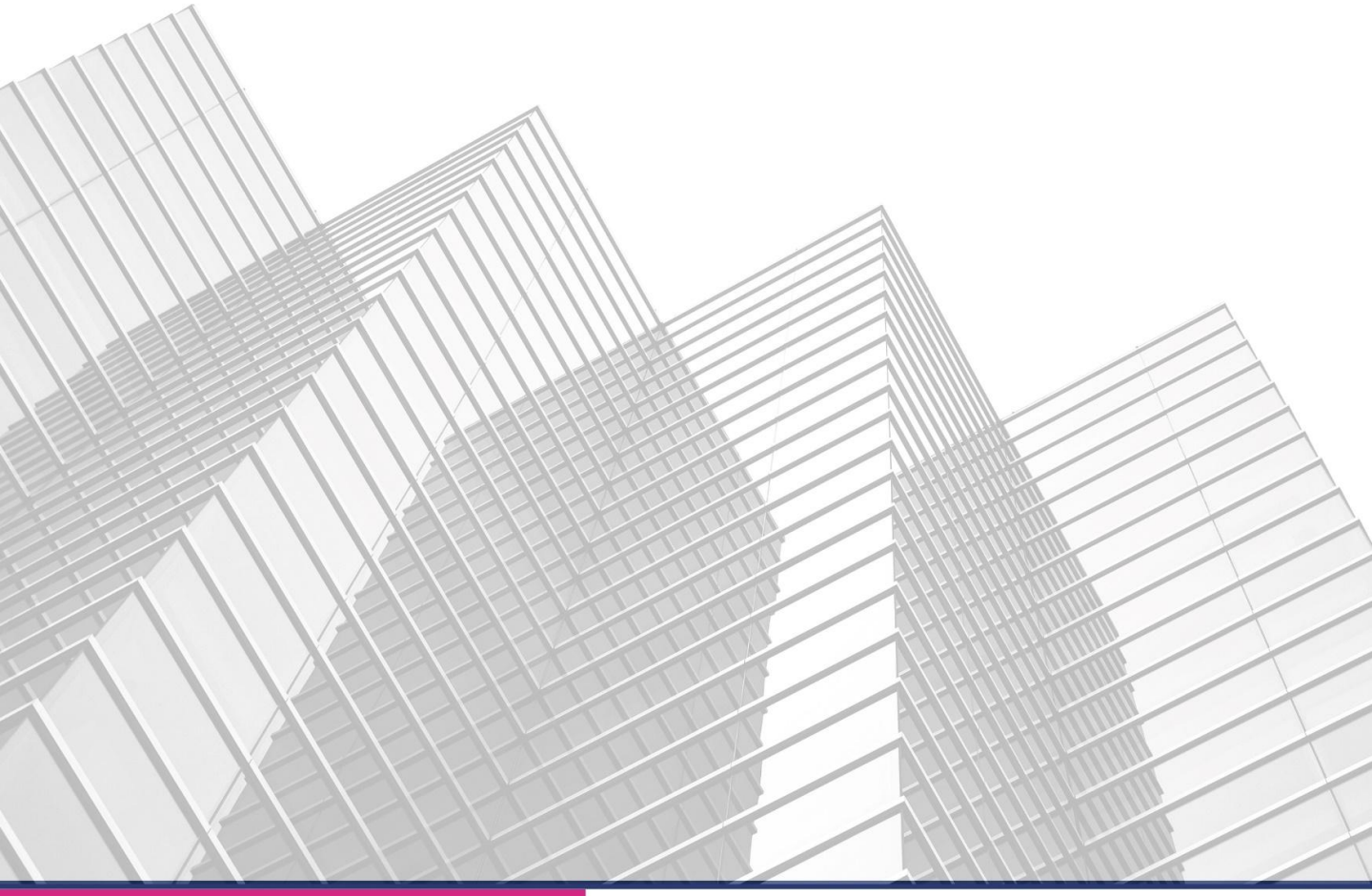
BANKING DETAILS

Account name: CIBM

Bank: Standard Bank Killarney

Branch Code: 051001

Current Account: 202596907



More Information :

membership@chartgov.co.za
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www.chartgov.co.za

CIBM
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