**Application for Migration**

|  |  |
| --- | --- |
| **Surname:** | **Initial:** |
| **Caller name:** | **Membership number:** |
| **ID number:** | **Title:** |
| **Email address:** |
| **Province:** |
| EC | FS | GP | KZN | LP | MP | NC | NW | WC | Swa | Zim |
| **Tel (w):** | **Cell:** |
| **Employer:** |
| **Address:** |
| **Disability:** |
|  | None (Disability) |
|  | Communication (talking, listening) |
|  | Emotional (behavioural or psychological) |
|  | Hearing (even with a hearing aid) |
|  | Physical (moving, standing, grasping) |
|  | Sight (even with reading glasses) |
| **Area of expertise:** |
| SCM | Assets | Accounting | Audit | Risk | Performance |
| Expenditure | Revenue | Other: |  |
| Assessor |  | Moderator |  |
| Designation: | Finance Practitioner |  |
| Internal Auditor |  |
| Registered Government Risk Practitioner |  |

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**Signature Date**

**Please fax or email to**

**086 662 0969 or membership@cigfaro.co.za**