

## APICS CERTIFIED SUPPLY CHAIN PROFESSIONAL (CSCP) Exam Registration Form

*All information must please be provided. We regret that we will not process incomplete or illegible applications.*

**Have you completed the Eligibility Application and received your notification of eligibility from APICS? If not – APICS will reject your application**

<b>First Name</b>		<b>Last Name</b>	
..... NB – this must be as you require it to appear on your certificate and per your identification document		..... NB – this must be as you require it to appear on your certificate and per your identification document	
<b>ID Number:</b>		<b>Date of Birth (dd,mm,yy):</b>	
<b>Email Address:</b>		<b>Postal Address:</b> Home <input type="checkbox"/> Work <input type="checkbox"/>	
<b>Cell Number:</b>		<b>Land Line:</b>	
<b>Company Name:</b>		<b>VAT No (if Company to Pay):</b>	
<b>I would like to register to write the CSCP Exam on the following date below (registration fees are quoted incl. VAT)</b>			
<b>CSCP Pencil &amp; Paper Exam</b>		<b>Registration &amp; Payment Deadline:</b>	Member R6,156 <input type="checkbox"/> Non-Member R6,726 <input type="checkbox"/>
Please tick here if you are <b>re-writing</b> the examination		Member R3,762 <input type="checkbox"/> Non-Member R4,104 <input type="checkbox"/>	
Saturday 23 <sup>rd</sup> June	2011 version <input type="checkbox"/>	2012 version <input type="checkbox"/>	4 <sup>th</sup> May 2012
Saturday 15 <sup>th</sup> December 2012 (2012 version only)	<input type="checkbox"/>		26 <sup>th</sup> October 2012
<b>CSCP CBT (Computer based Testing)</b>		<b>Reservations Open:</b>	Member R6,156 <input type="checkbox"/> Non-Member R6,726 <input type="checkbox"/>
7 <sup>th</sup> April – 19 <sup>th</sup> May	2011 version <input type="checkbox"/>	2012 version <input type="checkbox"/>	7 <sup>th</sup> February 2012
30 <sup>th</sup> June – 11 <sup>th</sup> August 2012 (2012 version only)	<input type="checkbox"/>		22 <sup>nd</sup> May 2012
1 <sup>st</sup> December 2012 – 12 <sup>th</sup> January 2013 (2012 version only)	<input type="checkbox"/>		29 <sup>th</sup> September 2012
<b>SAPICS reserves the right to amend the registration fees for exam 10 weeks prior to each administration</b>			
Please provide us with the name of your lecturer and AEP or, if you are self studying, please record this below:			
<b>Name of Lecturer &amp; AEP:</b>			<b>Self Study</b> <input type="checkbox"/>
1. You will be sent an invoice on receipt of this form. 2. Your registration can only be confirmed on receipt of payment by the payment deadline. Please read your confirmation email carefully for reschedule/cancellation restrictions. 3. SAPICS regrets that it is unable to accept responsibility for registrations forms submitted to any third party.			
By signing and submitting this registration form, you accept the policies and agree to abide by the APICS Code of Ethics set forth in the APICS CSCP Registration Bulletin - Signed:..... Date: .....			
<b>PAYMENT</b> – Payment may be made by credit card or by electronic transfer. SAPICS will provide you with a tax invoice on receipt of this form which will outline banking details. Please email or fax proof of payment through to <a href="mailto:bev@sapics.org.za">bev@sapics.org.za</a> or 086 575 2979.			
If you would like your card to be debited with the exam fees, please complete below:			
Name of Cardholder			
Type of Credit Card	Mastercard <input type="checkbox"/>	Visa <input type="checkbox"/>	American Express <input type="checkbox"/> Diners <input type="checkbox"/>
Card Number			
Expiry Date	Last 3 digits on reverse of card		
Signature of Cardholder			
<b>All payments will be acknowledged in writing. If you do not receive an acknowledgement please follow up. You may not be registered!!</b>			