

# ICB Assessment Application Form

Please complete in block capitals using a ballpoint pen

Title  Mr  Mrs  Miss  Ms  Other

Surname

First name(s)

Address

Postcode  Daytime telephone number

Date of birth  Email address

## Select an assessment by checking the box below

Bookkeeping General Knowledge

Level I  Level II  Level III

Quicken

Level I  Level II  Payroll

Practical Bookkeeping

Level I  Level II  Level III

MYOB

Payroll  MYOB Online Learning

(Assessment Fee \$75.00 per assessment)

## Method of payment

Payment by Cheque

Please find enclosed my cheque for \$  made payable to ICB Australia

Payment by Credit/Debit Card

Please debit the following Debit/Credit Card with \$

Type of Card:

Visa

Mastercard

Card Number

Expiry Date

CVC Number

Signature  
of cardholder

Date

Please send this completed form, together with payment to:

The Membership Department, The Institute of Certified Bookkeepers,  
Level 27, Rialto South Tower, 525 Collins Street, Melbourne 3000, Australia

Fax: 1300 85 73 93

Email: [admin@icb.org.au](mailto:admin@icb.org.au)