PLEASE COMPLETE AND FORWARD TO YOUR LOCAL BRANCH

**APPLICATION FOR MEMBERSHIP**

|  |
| --- |
| NAME IN FULL: Click here to enter text. |
| MARITAL STATUS: Choose an item. GENDER: Choose an item. | DATE OF BIRTH: Click here to enter a date. |
| EMPLOYER: Click here to enter text.ADDRESS: WORK Click here to enter text. |
| EMAIL: Click here to enter text. | TEL: Click here to enter text. | FAX: Click here to enter text. |
| ADDRESS: HOME Click here to enter text. |
| TEL: Click here to enter text. | MOBILE: Click here to enter text. |
| DETAILS OF PROFESSIONAL QUALIFICATION: (PROVIDE ADDITIONAL LIST IF SPACE IS INADEQUATE) (ACCA, CGA, CPA etc ) Click here to enter text. |
| 1. NAME OF ORGANISATION: Click here to enter text.
 |
| 1. ADDRESS: Click here to enter text.
 |
| DATE OF ADMITTANCE:Click here to enter a date. | MEMBERSHIP # Click here to enter text. |
| OTHER QUALIFICATIONS: Click here to enter text. |

***(Kindly enclose copies of certificates, copy of picture identification and a recent passport size photograph)***

I declare that the above information is true and complete to the best of my knowledge and belief. I have had no conviction involving illegal activities or professional misconduct locally or overseas. I undertake to observe and abide by the professional rules, regulations and by-laws of the Institute.

Please find enclosed payment in the amount of:

 [ ]  $500.00 Annual Membership Fee (Regular Member)
 [ ]  $1,500.00 Annual Membership Fee (Practicing Certificate)

Please indicate total amount enclosed: $Click here to enter text.

|  |  |
| --- | --- |
| SIGNATURE: | DATE:Click here to enter a date. |

**If you wish to apply for a Practicing Certificate, please complete Page 2 and 3**

**FOR OFFICIAL USE ONLY**

|  |  |
| --- | --- |
| **DATE ACKNOWLEDGED:**  | **CONFIRMATION OF GOOD STDG RCVD:**  |
| **DATE OF COUNCIL MEETING:**  | **APPROVED: YES / NO MBR # :**  |
| **ACCEPTANCE LETTER SENT :**  | **ADDITIONAL FEES PAID : $**  |
| **MEMBERSHIP CERT ODRD: SIGNED:**  | **DATE: RCT #**  |
| **DATE MEMBER COLLECTED CERT:** | **DATE HANDBOOK COLLECTED:** |
| **SIGNATURE:** | **SIGNATURE:** |
|  |  |

**APPLICATION FOR PRACTICING CERTIFICATE**

1. NAME IN FULL : Click here to enter text.
2. ADDRESS: Click here to enter text.TEL NO: Click here to enter text.
3. EMPLOYED WITH: Click here to enter text. TEL NO: Click here to enter text.
4. [x]  I wish to apply for a Practicing Certificate from the Institute.

I obtained practical experience under the supervision of:

* + 1. Click here to enter text. who is a practicing member of: Click here to enter text.
		 **OR** (if the three years experience was obtained with more than one employer):
		2. Click here to enter text. who is a practicing member of : Click here to enter text. and Click here to enter text. who is a practicing member of Click here to enter text.
		3. The work undertaken during the period of supervision included:
		Click here to enter text.
1. I intend to engage in public practice and to practice under the style (name) of:
Click here to enter text.

DATE Click here to enter a date.………………... SIGNATURE ………………..……………………………………………………….

**FOR OFFICIAL USE ONLY**

|  |  |
| --- | --- |
| **DATE ACKNOWLEDGED:**  | **CONFIRMATION OF EXPERIENCE RCVD:**  |
| **DATE OF COUNCIL MEETING:**  | **APPROVED: YES / NO MBR # :**  |
| **ACCEPTANCE LETTER SENT :**  | **ADDITIONAL FEES PAID : $** |
| **PRACTICING CERT ODRD: SIGNED:**  | **DATE: RCT #**  |
| **DATE MEMBER COLLECTED CERTIFICATE:**  |
| **SIGNATURE:**  |

**To:** Council of the Institute of Chartered Accountants of the Eastern Caribbean

**CERTIFICATE BY PRACTICING ACCOUNTANT**

(In support of application for a practicing certificate by a member of the ICAEC)

I Click here to enter text. a member of the Institute of Chartered Accountants of the Eastern Caribbean **or** a member of

Click here to enter text.

Of (address) Click here to enter text.

Hereby certify that I was engaged in public practice in the Eastern Caribbean or elsewhere as my main occupation for Click here to enter text. years.

Click here to enter text. (Name of applicant)

who is a member of the Institute was employed under my supervision from

\_\_\_\_\_\_\_Click here to enter a date.\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_Click here to enter a date.\_\_\_\_\_\_\_\_\_ and

In my opinion, acquired during that period, practical experience in a supervisory position which may be counted as approved practical experience to qualify for the award of a practicing certificate.

**Type of work performed:** Accounting [ ]  Taxation [ ]  Auditing [ ]  Other (Specify) Click here to enter text.

Number of years in supervisory position : Click here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Practicing Member**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:**Click here to enter a date.