

The Bahamas Institute of Chartered Accountants

P.O. Box N-7037
Nassau, Bahamas
www.bica.bs



Telephone: (242) 326-6619
Telefax: (242) 326-6618

FORM 4

(REGULATION 10)

Upholding Integrity, Striving for Excellence

LICENCE APPLICATION

SURNAME: _____ GIVEN NAMES: _____ *MR/MRS/MISS

RESIDENTIAL ADDRESS: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

PLACE OF EMPLOYMENT (LAST FIVE YEARS): _____

BUSINESS ADDRESS: _____

TELEPHONE #: _____ (BUSI.) _____ (RES.) _____ (CELL)

ADDRESS TO WHICH CORRESPONDENCE SHOULD BE SENT - *BUSINESS/RESIDENCE

EMAIL ADDRESS: _____

I, _____

hereby apply for a Licence from the Council of The Bahamas Institute of Chartered Accountants and confirm that:

1. I am (*) a member / not a member / an associate in good standing of/with The Bahamas Institute of Chartered Accountants.

If applicable: Membership Number # _____

Certificate of Association # _____

2. I am a (*) citizen of The Bahamas / permanent resident of The Bahamas / non-resident partner.

If not a citizen of The Bahamas: Country of Citizenship _____

If applicable: Work Permit # _____

**Delete as appropriate*

3. I have (*) completed thirty-six months of accounting service at a senior level.
been engaged in public practice for a period of _____ year(s)¹
immediately prior to the date of commencement of the Public Accountants Act,
1991².

DATE: _____ SIGNATURE: _____

RECOMMENDATION

I certify that _____, is a fit
and proper person to obtain a Licence from the Council of The Bahamas Institute of Chartered Accountants.

PROPOSER

NAME: _____ MEMBERSHIP # _____

LICENCE #: _____

PLACE OF EMPLOYMENT: _____

ADDRESS: _____

SIGNATURE: _____ DATE: _____

Applicant is required to enclose the following:

1. Application fee of \$10.00.
2. An affidavit confirming five years of public practice by the applicant or certification that the applicant has completed thirty-six months of accounting experience.
3. One passport size photograph.
4. Proof of citizenship/permanent residency or work permit.

FOR OFFICE USE ONLY

DATE _____ APPLICATION *APPROVED/DEFERRED/DENIED

CERTIFICATE # _____ DATE ISSUED _____

AMOUNT RECEIVED _____

1. *Period must not be less than five years*
2. *16th December, 1991*

**Delete as appropriate*