

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 1

(REGULATION 3)

Upholding Integrity, Striving for Excellence

MEMBERSHIP APPLICATION

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

RESIDENTIAL ADDRESS: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

COUNTRY OF CITIZENSHIP: _____

PLACE OF EMPLOYMENT: _____

BUSINESS ADDRESS: _____

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

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

EMAIL ADDRESS: _____

APPROVED INSTITUTE: _____

DATE OF ADMISSION TO APPROVED INSTITUTE: _____

DEGREES OR HONOURS: _____

I, _____
hereby apply for registration as a member of The Bahamas Institute of Chartered Accountants under the Public Accountants Act, 1991.

SIGNATURE OF APPLICANT: _____ DATE: _____

**Delete as appropriate*

RECOMMENDATION

We certify that _____, has attained the age of twenty-one years, is of good character and is qualified to be registered as a member of The Bahamas Institute of Chartered Accountants.

PROPOSER

SECONDER

NAME: _____

NAME: _____

PLACE OF EMPLOYMENT: _____

PLACE OF EMPLOYMENT: _____

ADDRESS: _____

ADDRESS: _____

MEMBERSHIP #: _____

MEMBERSHIP #: _____

SIGNATURE: _____

SIGNATURE: _____

DATE: _____

DATE: _____

Applicant is required to enclose the following:

1. Where applicable, a letter from the secretary of the approved Institute confirming that the applicant is a member in good standing of that Institute or confirming that the applicant has satisfied the academic and professional requirements for admission for membership in that Institute.
2. Where applicable, a letter from employer(s) certifying residency in The Bahamas for a period of not less than five consecutive years, together with a copy of a valid work permit.
3. Application fee of \$50.00
4. One passport size photograph.
5. Proof of citizenship/permanent residency or work permit.

FOR OFFICE USE ONLY

DATE _____ APPLICATION *APPROVED/DEFERRED/DENIED

CERTIFICATE # _____ DATE ISSUED _____

AMOUNT RECEIVED _____