

The Bahamas Institute of Chartered Accountants

P. O. BOX N-7037
NASSAU, BAHAMAS



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

THE BAHAMAS INSTITUTE OF CHARTERED ACCOUNTANTS

APPLICATION FOR LICENCE

SURNAME.....GIVEN NAMES..... MR./MRS./MISS

Residential address.....

Date of birth.....Place of birth.....

Places of employment (for past five years):

.....

Business address.....

Telephone (business).....(residence).....

Address to which correspondence should be sent (business/residence).....

.....

I,.....hereby apply for a licence from the Council of The Bahamas Institute of Chartered Accountants, and undertake to abide by and be bound by the Act and any corresponding Regulations of the Bahamas Institute of Chartered Accountants and confirm that –

1. I am a member in good standing of The Bahamas Institute of Chartered Accountants

[] Yes [] No

If applicable, state membership number.....

2. I am:

a citizen of The Bahamas [] a permanent resident of The Bahamas []

If not a citizen of The Bahamas, state country of citizenship

.....

If applicable, state work permit#.....

3. I have completed the prescribed public practice requirements.
[] Yes [] No

4. I have experience in:

- [] the planning of audits, including the selection of procedures to be performed;
- [] applying of auditing procedures and techniques to the usual and customary financial transactions included in financial statements;
- [] the preparation of working papers;
- [] the preparation of written explanations and comments on the work performed and its finding;
- [] the preparation of and reporting on full disclosure financial statements in accordance with International Financial Reporting Standards and International Financial Reporting Standards for SMEs.

APPLICANTS ARE REQUIRED TO ENCLOSE THE FOLLOWING:

- (a) Application fee;
- (b) A recommendation from a public accountant certifying the applicant's good character;
- (c) Evidence demonstrating that the applicant has met the requisite public practice requirements for an accumulate period of thirty-six months.

RECOMMENDATION

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

Date..... Signature.....