



THE BAHAMAS INSTITUTE OF CHARTERED ACCOUNTANTS

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

Email address.....

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

.....

Approved Institute.....

Date of admission to approved institute.....

Degrees or honors.....

I.....hereby apply for registration as a member of The Bahamas Institute of Chartered Accountants and undertake to abide by and be bound by the Act and any regulations there under.

SIGNATURE.....

DATE.....

RECOMMENDATION

We certify that.....has attained the age of eighteen years, is of good character and is qualified to be registered as a member of The Bahamas Institute of Chartered Accountants and fulfills the requirements under The Bahamas Institute of Chartered Accountants Act.

PROPOSER

SECONDER

NAME.....

NAME.....

PLACE OF EMPLOYMENT

PLACE OF EMPLOYMENT

.....

.....

PLACE OF EMPLOYMENT

PLACE OF EMPLOYMENT

ADDRESS.....

ADDRESS.....

MEMBERSHIP NUMBER.....

MEMBERSHIP NUMBER.....

SIGNATURE.....

SIGNATURE.....

DATE.....

DATE.....

APPLICANTS ARE REQUIRED TO ENCLOSE THE FOLLOWING:

- (a) where applicable, a letter from the secretary of the approved institute confirming that the applicant is a member in good standing in that Institute or confirming that the applicant has satisfied the academic and professional requirements for admission to membership in the approved Institute;
- (b) application fee;
- (c) passport size photograph;
- (d) proof of citizenship or permanent residency with the right to engage in gainful employment;
- (e) letter confirming continuous employment in accordance with regulation 3(2)(a) and
- (f) where applicable, a certified copy of certificate from university or institution approved by the Council or such other qualifying certification in accordance with regulation 3(2)(b).

FOR OFFICE USE

DATE.....

CERTIFICATE #.....

DEFERRED/DENIED.....

APPLICATION APPROVED.....

AMOUNT RECEIVED.....

DATE ISSUED.....