

The Bahamas Institute of Chartered Accountants

P.O. Box N-7037
NASSAU, BAHAMAS



Telephone: 242.326.6619
Telefax: 242.326.6618

"Upholding Integrity, Striving for Excellence"

ASSOCIATE APPLICATION

Surname _____ Given Names _____ Mr./Mrs./Miss

Residential address _____

Date of birth _____ Place of birth _____

Country of citizenship _____

Place of employment _____

Business address _____

Telephone (bus.) _____ (res.) _____ (mobile) _____

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 associate 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 associate 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 _____

APPLICATION APPROVED _____

CERTIFICATE # _____

AMOUNT RECEIVED _____

DEFERRED/DENIED _____

DATE ISSUED _____