INSTITUTE OF CHARTERED ACCOUNTANTS [GHANA]

APPLICATION FOR PRACTISING CERTIFICATE

1. APPLICANT'S DETAIL

1.1 SURNAME:

1.2 OTHER NAMES (In full; not initials):

Male ☐ Female ☐

NATIONALITY

AGE: (Last birthday).

DATE OF BIRTH YY / MM / DD

HOME / PERMANENT ADDRESS

Postal

Telephone: ..... E-mail: .....

2. CURRENT EMPLOYER / PRACTICE FIRM DETAILS

NAME (of Employer)	
POSTAL ADDRESS	.....
LOCATION	
NATURE OF BUSINESS / SECTOR	

By submitting your application, you will be giving your consent to the processing and use of your personal data as defined in the Data Protection Act, 2012 (Act 843)

Have you ever been convicted of a criminal offence or been given a formal reprimand, final warning or caution by police? Yes ☐ No ☐

3. FORMAL APPLICATION

The Chief Executive , ICAG

Dear Sir,
I hereby apply for:

CERTIFICATE TO PRACTISE

Under ***section 20 (2)*** of the Chartered Accountants Act, 1963 , Act 170.

I am an ICA member having been admitted in ..... (year) with registration number ..... , My current year annual subscription of GHC ..... is fully paid up and covered by receipt number ..... Dated ..... Please find enclosed the required supporting appendix duly completed together with copies of al certificate. I understand that a criminal record will prevent me from being issued with a practising certificate. I therefore, warrant that every information provided by me with regards to this application is accurate, true and complete.

Your faithfully,

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

Name & Signature of Admission Commitee Member	

APPENDIX TO APPLICATION FOR ICAG CERTIFICATE TO PRACTISE

(Under section 20 (2) of the chartered Accountants Acts, 1963, Act 170)

1. SUMMARY OF APPLICANT'S RELEVENT KEY DETAILS

1.1 Name of applicant: Surname ..... Other names (in full) .....

(Please add an explanatory note if name is not exactly as on ICAG membership certificate)

1.2 Membership of ICAG: 1.2.1 Membership Reg. Number _____ 1.2.2 Date of Admmission _____

2. SUMMARY OF APPLICANT'S RELEVENT 'PRACTICAL WORK EXPERIENCE'

Please refer to the note below

Names & Address of Employer/Practice Firm	Brief Job Description	DURATION					WORK EXPERIENCE AND DURATION CONFIRMED BY (REFEREES)
		From		To		No. of Months	
		Month	Year	Month	Year		
							Name: Position in organisation: Signature and official stamp
							Name: Position in organisation: Signature and official stamp
							Name: Position in organisation: Signature and official stamp

Additional work experience as per the supplementary sheet attached

TOTAL WORK EXPERIENCE			
	ANALYSED AS FOLLOWS:		
	IN PRACTICE:	Pre-qualification	
		Post-qualification	
		Total with practising firm/ firms	
	OTHERS TOTAL RELEVANT WORK EXPERIENCE		

A SUPPLEMENTARY SHEET IS PROVIDED FOR ADDDITIONAL INFORMATION

NOTE

The required confirmation, on this form, of an applicant's work experience should be by Two ICAG members who idealy are in practice EITHER the applicant's immediate supervisor / boss *OR* has, in one way or the other, responsibility for supervising the applicant's work. The applicant's work experience with the firm must be on full-time basis (4years) Both Pre and post qualification experience.

Contd. SUMMARY OF APPLICANT'S RELEVENT 'PRACTICAL WORK EXPERIENCE'

Please refer to the note below

Names & Address of Employer/practice Firm	Brief Job Description	DURATION					WORK EXPERIENCE AND DURATION CONFIRMED BY (REFEREES)
		From		To		No. of Months	
		Month	Year	Month	Year		
							Name:
							Position in organisation:
							Signature and official stamp
							Name:
							Position in organisation:
							Signature and official stamp
	Additional work experience as per the supplementary sheet attached						Name:
TOTAL WORK EXPERIENCE							Position in organisation:
	ANALYSED AS FOLLOWS:						Signature and official stamp
	IN PRACTICE:	**Pre-qualification**					
		Post-qualification					
		Total with practising firm/ firms					
		OTHERS					**A SUPPLEMENTARY SHEET IS PROVIDED FOR ADDDITIONAL INFORMATION**
		TOTAL RELEVANT WORK EXPERIENCE					

NOTE

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