



**THE INSTITUTE OF CHARTERED ACCOUNTANTS
GHANA**

APPLICATION FOR MEMBERSHIP

Please attach 2 (recent)
red-background
passport pictures in a
suit

1.1 (Mr. /Mrs./Miss/Dr./Prof./Rev.)

SURNAME

OTHER NAMES (**IN FULL**, NOT INITIALS)

1.2 Gender (Tick as appropriate) Male ☐

Female ☐

1.3 Nationality 1.4 Age (Last Birthday) 1.4.1 Date of Birth

1.5 Home/Residential address (Location):

1.5.1 Postal Address

1.5.2 Mobile

Email

2.0 Designation/Position of Applicant:

2.1 Nature of Business /Sector :

2.2 Name of Organisation

2.3 Postal Address

2.4 Location of Employment

2.5 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)

2.6 Have you ever been convicted of a criminal offence or been given a formal reprimand, final warning or caution by Employer or Police. Yes ☐ No ☐

DECLARATION BY APPLICANT

I, the undersigned, do hereby sincerely declare that, I have completed the final Examinations of my mother Institute and therefore apply for membership of the Institute of Chartered Accountants, Ghana. I agree, on admission, to be bound by all Rules, Regulations and Code of Professional Conduct as may from time to time in force.

I warrant that the details about my age, occupation and other aspects given by me are , accurate, true, correct and complete. If anything found wrong, the Institute have the right to take necessary action against me. I promise to give written information to the Institute regarding any change in address of my residence, place of work or change in my office/occupaion in future.

Yours faithfully,

Signature.....

Date.....

Name &

Signature of

Admissions Committee Member

APPENDIX '14 (4)'

To be completed by:

A person who has passed the qualifying examinations for membership of the Institute and completes practical training of such description and for such period as may be prescribed by Council. (Section 14(4) of Chartered Accountants Act 2020, Act 1058)

1. SUMMARY OF APPLICANT'S RELEVANT KEY DETAILS		Blocked space below for official use at ICAG only
1.1 Name of applicant (as per ICAG) final certificate		
1.2 ICAG Student Registration Number		
1.3 Date of passing ICAG final examinations		
1.4 ICAG Final Examination Certificate Number		

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

Name & Address of Employer	Brief Job description	DURATION				No. of Months	WORK EXPERIENCE AND DURATION CONFIRMED BY (Should be by applicant's immediate superior OR an ICAG member in the Organisation)**
		From		To			
		Month	Year	Month	Year		
							Name Position in Organisation..... Signature & Official Stamp.....
							Name Position in Organisation..... Signature & Official Stamp.....
TOTAL NUMBER OF MONTHS C/F						PTO	

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		Month	Year	Month	Year		
							Name
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							Signature & Official Stamp.....
							Name
							Position in Organisation.....
							Signature & Official Stamp.....
TOTAL NUMBER OF MONTHS C/F						PTO	

NB: Additional sheet/ sheets may be used if necessary to complete the whole range of applicant's relevant practical experience.

3. DETAILS OF REFEREES

(Please see relevant further notes below)

3.1 Name and Address of Referee		3.2 Name and Address of Referee		Is the 2nd Referee	
.....				Is the 2nd Referee	
.....				an ICAG member	
.....				(Tick as appropriate)	
.....				Yes	
.....				No	

Further Notes***

1. If more convenient, confirmation of work experience may be provided in the form of an attached letter addressed to the Institute.
2. The required practical experience must be under a qualified accountant - ideally an ICAG member;
3. Referees should be members in good standing and at least one of them must be a chartered accountant that the applicant has worked with or under;
4. Where, for any reason, the applicant does not work under a 'chartered accountant' one of the Referees must come from the auditors of his organisation/company.