

INSTITUTE OF CHARTERED ACCOUNTANTS, GHANA Box GP 4268, Accra, Ghana.

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POST-CHARTERED DIPLOMA PROGRAMME

memberservices@icagh.com

All sections must be completed and returned electronically or a hard copy to the Accountancy House, Trinity Avenue, East Legon, Accra/ICAG Office, Ahodwe Roundabout, Kumasi/ICAG Office, Cape Coast Technical University, Cape Coast accompanied by the appropriate documents.

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1. NAME OF APPL	ICANT: [IN BLOCK I	ETTERS]		Member	rship No. (if any)
1.1 S	URNAME:		1.2 OT	HER NAMES (In full;	not initials):
2. BIO - DATA					
AGE:	DATE OF BIRTH	YY /	MM / DD	GENDER (Tick as appropria	Male Female ate)
3. ADDRESSES:					
-	Electronic	— —	Physical	P	Postal
3.1 Postal					
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10	elephone:		E-M	all:	
	ALIFICATION nal qualification original and copies of cer	tificates)Original	would be returned to y	you after vetting	
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5. RECORDS OF EMPLO	OYMENT				
	Name and address of	Employer			
Present Occupation	Position in employment				
	peye.				

Telephone:

E-mail:

P. T. O.

PROGRAMME CHOICE	 Chartered Diploma in Forensic Audit Chartered Diploma in Oil and Gas Chartered Diploma in Corporate Finance Management Chartered Diploma in Treasury and Financial Risk Management Chartered Diploma in International Auditing and Governance Chartered Diploma in Public Financial Management Chartered Diploma in Cyber Security 	000000	
6.1 Date			
6.2 Signature:			

NB: FEE: GH¢ 4,500.00 (In-person) / GH¢ 2,800 (Virtual)

PAYMENT TERMS

70% down payment before commencement date.

PAYMENT DETAILS

Payment can be made via the Payment Portal; payment.icagh.org or any of the following banks:

BANK	ACCOUNT NUMBER	BRANCH
ABSA	0000002149286	High Street
GCB Bank	1011130022905	High Street
Ecobank	1441000087856	Okponglo
Republic Bank or	0020896571018	Ebankese
Mobile money (ICAG momo)	055 796 4560	

Kindly note that no payment would be received in any of our offices.

NB: Fees paid are non- refundable

Incomplete applications will not be accepted.