



Institute of Chartered Accountants, Ghana

Reference Form

1.1				(Mr/Mrs/Ms/Dr/Prof/Rev)	
SURNAME			OTHER NAMES <i>(in full)</i>		
1.2 Gender (Tick as appropriate)		Male <input type="checkbox"/>	Female <input type="checkbox"/>		
1.3 Nationality	1.4 ICAG Member	Yes <input type="checkbox"/>	No <input type="checkbox"/>	1.5 ICAG Member Reg. No.	
1.6 Paid subscription to date	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
1.7 Mobile	1.8 Email		1.9 Ghana Card No.		
2.0 Position/Rank of Referee:					
2.1 Relationship of Referee to Applicant					
2.1 Name of Organisation					
2.2 Nature of Business /Sector :					
2.3 Postal Address of Referee's Organisation					
2.4 Location of Referee's Organization					
3.0 To enable the Admissions Committee of the Institute process the application, we respectfully request that you furnish the Institute with the information below.					
3.1 Name of Applicant					
3.2 Period of working relationship	FROM		TO	Total Years..... Months.....	
3.3 Nature of employment contract	Part-time <input type="checkbox"/>	Full-time <input type="checkbox"/>			
3.4 Applicant's grade and work schedule (Kindly attach to the form)					
3.5 Your assessment of Applicant's knowledge in the under-listed fields					
3.5.1 Accounting					
3.5.2 Auditing					
3.5.2 Taxation					
3.5.3 ICT					
3.6 Your opinion on Applicant's admission into ICAG membership					
Signature and official stamp.....			Date.....		