

# INSTITUTE OF CHARTERED ACCOUNTANTS, GHANA



## FELLOWSHIP APPLICATION FORM

a recent passport picture with a white background (not more than 6 months old)

1.1 .....	.....	(Mr./Mrs./Miss/Dr./Prof./Rev)
SURNAME		OTHER NAMES ( <i>IN FULL</i> , NOT INITIALS)
1.2 Gender ( <i>Tick as appropriate</i> ✓)	Male	Female
1.3 Nationality .....	1.4 Age .....	1.4.1 Date of Birth .....
1.5 Home/Residential address:		1.5.1 GPS Address .....
1.6 Postal Address:		
1.7 Contact Number: .....		1.7.1 Email: .....
2.0 Date of Admission into Membership:		2.1 Membership number:.....
3.0 Current Employer (if applicable):		
4.0 Annual subscription paid consecutively for 10 years?    ---Yes    --- No		

### DECLARATION BY APPLICANT

Caution: Giving misleading information is a serious offence.

1. I have read and understood the information provided in this application.

... Yes    .... No

2. I have provided complete and accurate information in every detail on this form or any attachments provided.

... Yes    .... No

3. I understand that if the information provided is found to be misleading or incorrect after the Fellowship has been granted, it will subsequently be revoked and I shall be sanctioned.

... Yes    .... No

4. I will inform Members Services Department in writing immediately I become aware of a change in my circumstances ( example, change of address) or any information provided on this application.

... Yes    .... No

I declare that the information I have provided on this form is correct. I understand that any false declaration made is punishable under Section 60 of Act 1058 and Section 133 of Act 29.

Yours faithfully,

Signature .....

Date.....

#### FOR OFFICIAL USE

**Name & Signature of Director,  
Members Services**

**Name & Signature of Admissions  
Committee Member**

**Name & Signature of Admissions  
Committee Chairperson/Council  
Member**





