

Fiji Institute of Accountants

Level 3,
Fiji Teachers Union Building,
1-3 Berry Rd,
GPO Box 681, Suva, Fiji.

Telephone: 3305 807
Facsimile: 3305 588
Email: fia@connect.com.fj



APPLICATION FOR REGISTRATION AS A CHARTERED ACCOUNTANT

1. I, _____
Full name

of _____
company

hereby apply for registration as a Chartered Accountant Member of the Fiji Institute of Accountants.

2. QUALIFICATIONS: (delete as necessary)

I have completed the professional examination in accountancy as required, details of which are provided.

or

I am a member in good standing of an association of accountants which is recognised by the Fiji Institute of Accountants namely,

(Full name of the association)

3. OBSERVANCE OF ACT, RULES AND BY-LAWS:

I hereby undertake that, if registered as a Member, I will be bound by the provisions of the Act, the Rules that are now in force or may hereafter from time to time be made pursuant to the Act, and the By-Laws now in force or as amended from time to time by the Council.

4. FEE

I enclose herewith a bank cheque for the sum of \$419.65 in payment of the admission fee and subscription as required. The application will not be processed if the fee is not paid on application. FIA's account ANZ 1322223 BSB 010 890. Please include your name as part of your narration and attach your confirmed bank transaction for our verification and records.

INFORMATION REQUIRED BY THE COUNCIL

5. NAME IN FULL: _____

6. DATE OF BIRTH: _____

7. ADDRESS (Postal): _____

8. ADDRESS (Residential): _____

9. E-MAIL ADDRESS: _____

10. TELEPHONE: _____ Office _____ Mobile _____ Home

11. DATE OF REGISTRATION AS A PROVISIONAL MEMBER (if applicable) _____

12. QUALIFICATIONS:

You must provide certified copies of examination results or, if you are a member of a recognised association, provide certified copies of your certificate of admission and a letter from the association stating that you are member in good standing.

13. EMPLOYMENT:

Name of present employer _____

Period of employment _____

Present Position _____

14. PRACTICAL ACCOUNTING EXPERIENCE: Details of Practical Accounting Experience. (Not necessary in the case of a member of a recognised association.)

EMPLOYER	EMPLOYMENT PERIOD		POSITION HELD
	FROM	TO	

(To be accompanied by a certificate on the form provided from the Manager or Chief Accounting Officer who should, where possible, be a member of the Institute, giving full details of the experience gained. In cases where the manager or Chief Accounting Officer is not a member of the Institute, the certificate should also be signed by the auditor of the company or organisation).

15. REFEREES:

Give names of three persons, not relatives, whom the Council may ask for references as to personal character. One of the persons should be the applicant's present employer or, if not employed, the immediate past employer. At least one must be a person not connected with applicant's present employment and one must be a member of the Institute. (Give full postal address in each case).

<u>NAME</u>	<u>PROFESSION</u>	<u>ADDRESS</u>
_____	_____	_____
(Employer)		
_____	_____	_____
(Member of the Institute)		
_____	_____	_____

16. Have you ever been convicted of a felony or misdemeanour in Fiji or elsewhere? **Yes/No.** If yes give particulars.

17. Have you ever been adjudged bankrupt in Fiji or elsewhere or made an assignment for the benefit of your creditors? **Yes/No.** If yes give particulars.

18. Any other information you wish to submit:

I hereby declare that all the information provided in this application is true and correct.

Signature : _____ **Date :** _____

Send completed form to:

THE EXECUTIVE DIRECTOR
FIJI INSTITUTE OF ACCOUNTANTS
PO BOX 681
SUVA
FIJI

CERTIFICATE OF PRACTICAL EXPERIENCE

I certify that _____

was engaged as an employee of _____

from _____ to _____

and that during this period he was engaged on and gained practical experience in the following classes of accountancy *work*.

(PLEASE GIVE DETAILS OF EACH POSITION SEPARATELY)

FROM	TO	POSITION HELD	NATURE OF DUTIES

I further certify that in my opinion the said _____
is a person of good character.

Countersigned _____ Signature _____

Auditor*

Chief Accounting Officer or Manager
Date:/...../.....

*Required when chief accounting officer or manager is not a member of the Society.