

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 CERTIFICATE OF PUBLIC PRACTICE

I hereby apply for a Certificate of Public Practice.

1. NAME IN FULL (Surname last): _____

2. DATE OF BIRTH: _____

3. ADDRESS (Postal): _____

4. ADDRESS (Residential) : _____

5. E-MAIL ADDRESS: _____

6. TELEPHONE: _____ Office _____ Mobile _____ Home

7. DATE OF REGISTRATION AS CHARTERED ACCOUNTANT _____

8. FIA MEMBERSHIP NUMBER: _____

9. LOCATION OF PROPOSED OFFICE PREMISES _____

10. IF A PARTNER, NAME OF FIRM: _____

11. STATUS IN FIJI:

Fiji Citizen _____
Resident of Fiji _____
Work Permit Held _____

12. EMPLOYMENT:

EMPLOYER	EMPLOYMENT PERIOD		POSITION HELD
	FROM	TO	

13. PRACTICAL ACCOUNTING EXPERIENCE: Attach evidence of Practical Experience as required by Rule 6.

14. REFERENCE: Attach reference from your last employer. If being admitted to partnership by your present employer, attach a letter to that effect from your present employer.

15. FEE: I enclose herewith a cheque for the sum of \$610.40. 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.

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 _____
Auditor*

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

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