

# Fiji Institute of Accountants

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

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## Application For Registration As a PROVISIONAL MEMBER

1. I, \_\_\_\_\_  
Full name  
of \_\_\_\_\_  
Company  
hereby apply for registration as a Provisional Member of the Fiji Institute of Accountants.

### 2. QUALIFICATIONS:

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

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

I hereby undertake that, if registered as a Provisional 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.

I also understand that if registered I may describe myself only as a Provisional Member.

### 4. FULL MEMBERSHIP:

I understand that provided I comply with the academic qualifications and practical experience requirements as laid down by the Rules I shall be entitled to apply for full membership of the Institute.

### 5. FEE

I enclose herewith a bank cheque for the sum of \$283.40 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 email your confirmed bank transaction for our verification and records

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**INFORMATION REQUIRED BY THE COUNCIL**

6. NAME in full (Surname last): \_\_\_\_\_

7. DATE OF BIRTH: \_\_\_\_\_

8. ADDRESS (Postal): \_\_\_\_\_

9. ADDRESS (Residential): \_\_\_\_\_

10. E-MAIL ADDRESS: \_\_\_\_\_

11. TELEPHONE: \_\_\_\_\_ Office \_\_\_\_\_ Mobile \_\_\_\_\_ Home

**12. QUALIFICATIONS:**

You must provide certified copies of all examination results and certificates 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 a member in good standing.

**13. EMPLOYMENT:**

| EMPLOYER | EMPLOYMENT PERIOD |    | POSITION HELD |
|----------|-------------------|----|---------------|
|          | FROM              | TO |               |
|          |                   |    |               |
|          |                   |    |               |
|          |                   |    |               |
|          |                   |    |               |
|          |                   |    |               |

**14. REFEREES:**

Give names of three persons, not relatives, whom the Council may ask for references as to personal character.

| <u>NAME</u> | <u>PROFESSION</u> | <u>ADDRESS</u> |
|-------------|-------------------|----------------|
| _____       | _____             | _____          |
| _____       | _____             | _____          |
| _____       | _____             | _____          |

15. Have you ever been convicted of a felony or misdemeanour (in Fiji or elsewhere). If yes give particulars: (This question must be answered "yes" or "no".)\_\_\_\_\_
16. Have you ever been adjudged bankrupt or made an assignment for the benefit of your creditors? If yes give particulars: (This question must be answered "yes" or "no".)\_\_\_\_\_
17. 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