

# Fiji Institute of Accountants

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GPO Box 681, Suva, Fiji.

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## Application For Registration As a STUDENT MEMBER

1. I, \_\_\_\_\_  
Full name  
of \_\_\_\_\_  
Academic Institution

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

2. COURSE OF STUDY: \_\_\_\_\_

3. NAME OF THE INSTITUTION: \_\_\_\_\_

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

I hereby undertake that, if registered as a Student 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 Student Member.

5. FEE: I enclose herewith a bank cheque for the sum of \$10.90 in payment of Annual subscription fee as required.

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

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

**INFORMATION REQUIRED BY THE COUNCIL**

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

2. DATE OF BIRTH: \_\_\_\_\_

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

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

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

**6. REFEREES:**

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

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

**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