

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 an AFFILIATE ACCOUNTANT

1. I, _____
Full name

of _____
company

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

2. QUALIFICATIONS:

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

(The Examinations for Diploma in Business Studies (Accounting Option) of the Fiji Institute of Technology or Diploma in Accounting Studies of the USP, or any other qualification in Accountancy which, in the opinion of the Council, is equivalent to or higher than such Diploma, shall be recognised examination for registration as an Affiliate Member.)

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

I hereby undertake that, if registered as a Affiliate 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 an Affiliate Accountant, Fiji and use The abbreviation AFIA(Fiji).

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 \$256.15 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:

Provide certified copies of all examination results and certificates.

13. EMPLOYMENT:

EMPLOYER	EMPLOYMENT PERIOD FROM TO	POSITION HELD

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