

FIJI INSTITUTE OF NA DINA GA CHARTERED ACCOUNTANTS**FIJI INSTITUTE OF ACCOUNTANTS** 

Level 3 Fiji Teachers Union Building

1-3 Berry Road, GPO Box 681, Suva, Fiji

Telephone: 8928 - 721; Mobile: 999 -9949 / 222 2250; Email: info@fia.org.fj

## MEMBERSHIP APPLICATION FORM FOR STUDENT MEMBER

Please complete <b>ALL</b> the sections (1-8) below and return the application with payments to the Fiji Institute of Chartered Accountants (FICA). <b>Please print clearly in BLOCK LETTERS.</b>								
Section 1 – Personal Details (Please state your name as per your Birth Certificate, provide a certified original copy of your valid student identification card)								
Title:	□ Mr	□ Mrs	Miss					
Surname:								
First Nam	e:			Middle Name:				
Date of B	irth:			Student Identifi	cation No.			
Section 2	- Contact Details	; (Please provide b	oth email addre	esses student and	l personal)			
a) Reside	ential contact deta	ails						
Street Ad	dress:			City:				
Division:				Country:				
Phone (B	usiness):			Mobile:				
Postal Ad	dress:							
Email (preferred):			Email (alternative):					
Section 3	– Academic Stud	y (Please provide a	letter of Accep	otance from relev	ant Tertiary Institution)			
a) Prog	gram of Study	Certificate	🗆 Diploma	Degree	Post Graduate			
b) Cou	rse of Study							
Section 4	– References							
Please provide names of two (2) persons, not relatives, whom the Council may ask for references as to personal character. One person <b>MUST</b> be a lecturer at the Tertiary Institution that you are currently enrolled in. Second person <b>MUST</b> be a personal reference NOT related to the applicant.								
Name of	Reference 1:							
Professio	n:			Position:				
Organisat	ion:							
Contact d	letails: Mobile:		Email A	ddress:				
Name of Reference 2:								

- · ·	
Drotoccion	
Profession	

Organisation:

Contact details: Mobile:

Email Address:

Position:

Section 5 - Payment

There is **NO** Application fee and Subscription charged to this application. (FOC)

Section 6 – Submitting your application form

Send the Completed form to: The Executive Director, Fiji Institute of Chartered Accountants, PO Box 681, Suva, Fiji

For any queries: email: info@fica.org.fj ; mobile: 9999949

Section 7 – For Official Use Only

1. Observance of Act, Rules and By-laws

I......hereby by 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 tome be made pursuant to the Act, and the By-laws now in force or amended from time to time by the Council.

Signature:

Date:

## 2. Consent to Disclosure to Third Parties

I agree and consent that information provided in this form can be used by the Institute to be verified with the T	hird
parties.	

Signature:	Date:	
3. Declaration		
I is true and correct.	hereby declare that all the information provided in this appli	cation
Signature:	Date:	

Version 2024 20 09