



Profession:	Position:
Organisation:	
Contact details: Mobile:	Email Address:
<b>Section 5 - Payment</b>	
There is <b>NO</b> Application fee and Subscription charged to this application. (FOC)	
<b>Section 6 – Submitting your application form</b>	
<b>Send the Completed form to:</b> The Executive Director, Fiji Institute of Chartered Accountants, PO Box 681, Suva, Fiji	
<b>For any queries:</b> email: <a href="mailto:info@fica.org.fj">info@fica.org.fj</a> ; mobile: 9999949	
<b>Section 7 – For Official Use Only</b>	
<b>1. Observance of Act, Rules and By-laws</b>	
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.	
<b>Signature:</b>	<b>Date:</b>
<b>2. Consent to Disclosure to Third Parties</b>	
I agree and consent that information provided in this form can be used by the Institute to be verified with the Third parties.	
<b>Signature:</b>	<b>Date:</b>
<b>3. Declaration</b>	
I.....hereby declare that all the information provided in this application is true and correct.	
<b>Signature:</b>	<b>Date:</b>