



FICA

FIJI INSTITUTE OF
CHARTERED 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 FELLOW

Please complete and return this application form with the required fee to the Fiji Institute of Chartered Accountants (FICA). **Please print clearly in BLOCK LETTERS.**

FORM COMPLETION GUIDELINES

Section 1 – Personal Details

(Please state your name as stated in your Birth Certificate)

Title: Mr Mrs Ms

Surname: _____ First Name: _____

Middle Name: _____ Date of birth: _____

Section 2– Contact Details

(Please provide a preferred and an alternative email address to assist communications if a job change occurs)

a) Residential address

b) Postal address:

c) Business (street) address:

(If a Partner at a CA Firm, please state name of Firm):

d) Phone contact: Business: _____ Mobile: _____

e) Email (preferred): _____ Email (alternative): _____

f) Status in Fiji (please tick one box and provide evidence)

Fiji Citizen

Resident of Fiji

Work permit holder

Section 3 – Membership Detail (please provide the date admitted and membership number)

(a) Certificate of Public Practice:

(b) Certificate of Limited Public Practice:

(c) Chartered Accountant:

(d) Associate Accountant:
(e) Accounting Technician:
Section 4 – Please detail how you have made significant contributions to the Institute through your involvement, achievements, or leadership.
Section 5 – Fellowship Eligibility Criteria (Please ensure that you meet the following criteria as per the Regulations)
<p>a) Residency: Do you meet the residency requirement?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>b) Membership Duration: Have you paid your annual fees for a period of not less than 10 years?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>c) Contribution: Have you made a significant contribution to the Institute?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please detail how you have made significant contributions to the Institute through your involvement, achievements, or leadership:</p>
Section 6 – Declaration by Applicant
If you answer “YES” to any of the following questions, please attach details).
<p>a) Have you ever been convicted of any criminal offence in Fiji or and elsewhere?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>b) Have you ever been subject to disciplinary action by a statutory, regulatory, professional, or other body in Fiji or and elsewhere? <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>c) Have you ever been declared bankrupt in Fiji or and elsewhere?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>d) Is there any other information you wish to submit to support this application?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>e) If Yes, please attach</p>
Section 7 – Application Fee – VAT is applicable at the prevailing rate
Application fee is \$65 plus VAT
Section 8 – Membership Subscription
<input type="checkbox"/> Fellow (Nil)

This application will not be processed if the application fee is not paid in full.

Section 9 – Mode of Payment

1. Electronic Payment: Payment must be made directly to the Fiji Institute of Chartered Accountants bank account – ANZ Bank, Account # 1322223 BSB 010 890. Please include your name in the narration and attach you're the bank transaction confirmation (subject to verification).

Section 10 – Submitting your application form

Send this completed form to: The Executive Director, Fiji Institute of Chartered Accountants, PO Box 681, Suva, Fiji; or **Hand-deliver to:** The Secretariat of the Fiji Institute of Chartered Accountants, Level 3 Fiji Teachers Union Building, 1-3 Berry Road, Suva.
Email: info@fia.org.fj

If you have any queries: email info@fia.org.fj or call us on Landline: +679 8928 721
Mobile: +679 999 9949/ 2222250

Section 11 – Consents & Declaration

1. Observance of FICA Act, FICA Rules, FICA By-Laws and FICA Supplementary Code of Ethics

I.....hereby undertake that, if registered as a Member, I will be bound by the provisions of the FICA Act, the FICA Rules that are now in force or may hereafter from time to time be made pursuant to the Act, and the By-Laws and the FICA Supplementary Code of Ethics now in force or amended from time to time by the FICA Council.

Signature: _____ **Date:** _____

2. Consent to Disclose to Third Parties

I..... agree and consent that the information provided in this form can be used for verification with the third parties by the FICA.

Signature: _____ **Date:** _____

3. Declaration

Ihereby declare that all the information provided in this application is true and correct.

Signature: _____ **Date:** _____

Revised
version:
16/08/2024