



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

CERTIFICATE OF PUBLIC PRACTICE TO CERTIFICATE OF LIMITED PUBLIC PRACTICE

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.

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

a) Residential address

b) Postal address:

c) Name of Business:

d) Business Registration #:

e) Business (street) address:

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

f) Tax Agent Registration Number and Certificate (FRCS):

Registration Number: _____

Certificate Attached: Yes No

g) Reason for Change from CPP to CLPP:

(Please state your reason for transitioning from a CPP to a CLPP)

h) Phone contact:

Business:

Mobile:

i) Email (preferred):

Email (alternative):

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

Fiji Citizen Resident of Fiji Work permit holder

Section 3 – Declaration by Applicant

If you answer “YES” to any of the following questions, please attach details).

a) Have you ever been convicted of any criminal offence in Fiji or and elsewhere?
 Yes No

b) Have you ever been subject to disciplinary action by a statutory, regulatory, professional, or other body in Fiji or and elsewhere?
 Yes No

c) Have you ever been declared bankrupt in Fiji or and elsewhere?
 Yes No

d) Is there any other information you wish to submit to support this application?
 Yes No
If Yes, please attach

Section 4 – Application Fee - VAT is applicable at the prevailing rate

Application fee is \$65 plus VAT

Section 5 – Membership subscription – VAT is applicable at the prevailing rate

Certificate of Limited Public Practice \$400 plus VAT

This application will not be processed if the application fee and membership subscription are not paid in full.

Section 6 – 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 7 – 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 8 – 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	
I..... hereby declare that all the information provided in this application is true and correct.	
Signature:	Date:

Revised version:
16/08/2024