

Level 3 Fiji Teachers Union Building 1-3 Berry Road, GPO Box 681, Suva, Fiji

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MEMBERSHIP APPLICATION FORM FOR STUDENT MEMBER

Please complete ALL the sections (1-8) below and return the application with payments to the Fiji Institute of Chartered Accountants (FICA). Please print clearly in BLOCK LETTERS. 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: Middle Name: First Name: Student Identification No. Date of Birth: Section 2 – Contact Details (Please provide both email addresses student and personal) a) Residential contact details Street Address: City: Division: Country: Phone (Business): Mobile: **Postal Address:** Email (preferred): Email (alternative): Section 3 – Academic Study (Please provide a letter of Acceptance from relevant Tertiary Institution) Program of Study □ Certificate □ Diploma □ Degree □ Post Graduate Course 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 MUST be a lecturer at the Tertiary Institution that you are currently enrolled in. Second person **MUST** be a personal reference NOT related to the applicant. Name of Reference 1: Profession: Position: Organisation: Contact details: Mobile: **Email Address:** Name of Reference 2:

Profession:	Position:
Organisation:	
Contact details: Mobile:	Email Address:
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	
Ihereby 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 Third parties.	
Signature: Date:	
3. Declaration	
Ihereby declare that all the information provided in this application is true and correct.	
Signature: Date:	

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