



**THE INSTITUTE OF CHARTERED ACCOUNTANTS OF  
GUYANA**

**Written Membership Application  
Form A**

<u>Applicant's Surname</u>		<u>Applicant's Other Names</u>	
<u>Place of Birth</u>	<u>Date of Birth</u>	<u>Nationality</u>	
<u>Residential Address</u>		<u>Professional Address</u>	
<u>Qualification for Registration</u>			
<b>Evidence in support for Registration as indicated by * below to be attached</b>			
Evidence of Membership of Registered Body			<input type="checkbox"/>
Documentary Evidence of other qualification			<input type="checkbox"/>
Two Written references from Members of ICAG			<input type="checkbox"/>
Evidence to support Residence in Guyana for 6 Consecutive Months prior to application			<input type="checkbox"/>
<b>Fees Enclosed</b>		<b>Date</b>	<b>Applicant's Signature</b>
Application G\$	Registration G\$		
<b>CHARACTER REFERENCES (Give the names and addresses of any two registered chartered accountants)</b>			
<b>FOR OFFICIAL USE ONLY</b>			
<u>Date of Receipt</u>	<u>Ref. to Acceptance/ Refusal</u>	<u>Entry in Register</u>	<u>Cert. No</u>



# **THE INSTITUTE OF CHARTERED ACCOUNTANTS OF GUYANA**

## **Written Membership Application Supplementary Information**

### **REFEREES**

Two written references are to be submitted. Referee should be members of the Institute of Chartered Accountants of Guyana, who are able to vouch from personal knowledge for your work experience and suitability for membership.

Referee 1. Name and Address

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Profession/Occupation

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Referee2. Name and Address

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Profession/Occupation

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### **EMPLOYMENT HISTORY**

Please list your employment history (commencing with your current post). If your accounting experience describe below has not been continuous, please indicate any employment/unemployment/study, etc, in the intervening period.

#### **Employer 1**

Name and Address of Employer: \_\_\_\_\_

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Nature of Employer's Business: \_\_\_\_\_

Job Title: \_\_\_\_\_ Date from: \_\_\_\_\_ to: \_\_\_\_\_



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Supplementary Information**

**Employer 2**

Name and Address of Employer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Nature of Employer's Business: \_\_\_\_\_

Job Title: \_\_\_\_\_ Date from: \_\_\_\_\_ to: \_\_\_\_\_

**Employer 3**

Name and Address of Employer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Nature of Employer's Business: \_\_\_\_\_

Job Title: \_\_\_\_\_ Date from: \_\_\_\_\_ to: \_\_\_\_\_

**Employer 4**

Name and Address of Employer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Nature of Employer's Business: \_\_\_\_\_

Job Title: \_\_\_\_\_ Date from: \_\_\_\_\_ to: \_\_\_\_\_



# THE INSTITUTE OF CHARTERED ACCOUNTANTS OF GUYANA

## Written Practice Certificate Application

<u>Applicant's Surname</u>		<u>Applicant's Other Names</u>	
<u>Place of Birth</u>	<u>Date of Birth</u>	<u>Nationality</u>	
<u>Residential Address</u>		<u>Professional Address</u>	
Name (s) and address (es) of office (s) of practicing member(s) where continuous employment served			
Evidence below to be attached in support of application			
- Letters of confirmation from practicing members of employment position(s) and period(s) served		<input type="checkbox"/>	
- Evidence to support Residence in Guyana for 6 Consecutive Months prior to application		<input type="checkbox"/>	
<b>Fees Enclosed</b>		<b>Date</b>	<b>Applicant's Signature</b>
Application G\$	Registration G\$		
<b>FOR OFFICIAL USE ONLY</b>			
<u>Date of Receipt</u>	<u>Ref. to Acceptance/ Refusal</u>	<u>Entry in Register</u>	<u>Cert. No</u>