The Bahamas Institute of Chartered Accountants

P.O. Box N-7037
NASSAU, BAHAMAS

BICA

Telephone: 242.326.6619
Telefax: 242.326.6618

"Upholding Integrity, Striving for Excellence"

LICENCE APPLICATION

Surname_____Given Names_____Mr./Mrs./Miss

Residential address_____

Date of birth_____Place of birth_____

Places of employment (for the past five years):

_____

_____

_____

_____

Business address_____

Telephone (bus.)_____(res.)_____(mobile)_____

Email address _____

Address to which correspondence should be sent (business/residence)

_____

I, _____hereby apply for a licence from the Council of The Bahamas Institute of Chartered Accountants, and undertake to abide by and be bound by the Act and any corresponding Regulations of The Bahamas Institute of Chartered Accountants and confirm that –

1. I am a member in good standing of The Bahamas Institute of Chartered Accountants
   [ ] Yes   [ ] No
   If applicable, state membership number _____

2. I am:
   a citizen of The Bahamas [ ]   a permanent resident of The Bahamas [ ]
   If not a citizen of The Bahamas, state country of citizenship

   _____

If applicable, state work permit #_____

3. I have completed the prescribed public practice requirements.
[ ] Yes   [ ] No

4. I have experienced in:

[ ]   the planning of audits, including the selection of procedures to be performed;

[ ]   applying of auditing procedures and techniques to the usual and customary financial transactions included in financial statements;

[ ]   the preparation of working papers;

[ ]   the preparation of written explanations and comments on the work performed and its finding;

[ ]   the preparation of and reporting on full disclosure financial statements in accordance with International Financial Reporting Standards and International Financial Reporting Standards for SMEs.

APPLICANTS ARE REQUIRED TO ENCLOSE THE FOLLOWING:

(a) Application fee;

(b) A recommendation from a public accountant certifying the applicant's good character;

(c) Evidence demonstrating that the applicant has met the requisite public practice requirements for an accumulate period of thirty-six months.

RECOMMENDATION

I_____certify that _____ is a fit and proper person to obtain a licence from the Council of The Bahamas Institute of Chartered Accountants.

Signature_____   Date_____