

# The Bahamas Institute of Chartered Accountants

P.O. Box N-7037  
NASSAU, BAHAMAS



Telephone: 242.326.6619  
Telefax: 242.326.6618

*"Upholding Integrity, Striving for Excellence"*

## APPLICATION FOR REGISTRATION AS A STUDENT

Surname \_\_\_\_\_ Given Names \_\_\_\_\_ Mr./Mrs./Miss

Residential address \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Country of citizenship \_\_\_\_\_

Place of employment \_\_\_\_\_

Business address \_\_\_\_\_

Telephone (bus.) \_\_\_\_\_ (res.) \_\_\_\_\_ (mobile) \_\_\_\_\_

Email address \_\_\_\_\_

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

\_\_\_\_\_

Academic qualifications \_\_\_\_\_

Professional qualifications \_\_\_\_\_

Other honours \_\_\_\_\_

I \_\_\_\_\_ hereby apply for registration as a student of The Bahamas Institute of Chartered Accountants under The Bahamas Institute of Chartered Accountants Act and undertake to abide by and be bound by the Act and any regulations thereunder.

Signature \_\_\_\_\_

Date \_\_\_\_\_

RECOMMENDATION

We certify that \_\_\_\_\_ is a fit and proper person to be registered as a student of The Bahamas Institute of Chartered Accountants and fulfills the requirements under The Bahamas Institute of Chartered Accountants Act.

PROPOSER

SECONDER

NAME \_\_\_\_\_

NAME \_\_\_\_\_

PLACE OF EMPLOYMENT

PLACE OF EMPLOYMENT

\_\_\_\_\_

\_\_\_\_\_

PLACE OF EMPLOYMENT

PLACE OF EMPLOYMENT

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

MEMBERSHIP NUMBER \_\_\_\_\_

MEMBERSHIP NUMBER \_\_\_\_\_

SIGNATURE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

DATE \_\_\_\_\_

APPLICANTS ARE REQUIRED TO ENCLOSE THE FOLLOWING:

- (a) passport size photograph;
- (b) certified copy of transcript or other academic certification.