



**THE INSTITUTE OF CHARTERED ACCOUNTANTS
GHANA**

**APPLICATION
FOR
PRACTISING CERTIFICATE**

PLEASE PASTE A
RECENT PASSPORT-
SIZE PHOTOGRAPH
OF YOUR SELF
HERE

1. APPLICANT'S DETAIL

1.1	
SURNAME	
OTHER NAMES (<i>IN FULL</i> , NOT INITIALS)	
Male <input type="checkbox"/>	Female <input type="checkbox"/>
1.3 Nationality.....	1.4 Age (Last birthday).....
1.5 Date of birth.....	

1.4 Home/permanent Address:

1.4.1 Postal Address
1.4.2 Tel:.....	Email:.....

2. CURRENT EMPLOYER / PRACTICE FIRM DETAILS

2.2 Name (of Employer)	
2.3 Postal Address
2.4 Location
2.5 Nature of Business / Sector
2.6 By submitting your application, you will be giving your consent to the processing and use of your personal data as defined in the Data Protection Act, 2012 (Act 843)	
2.7 Have you ever been convicted of a criminal offence or been given a formal reprimand, final warning or caution by police?	Yes <input type="checkbox"/> No <input type="checkbox"/>

3. FORMAL APPLICATION

The Chief Executive, ICAG
Dear Sir,
I hereby apply for:

CERTIFICATE TO PRACTISE

Under **Section 20 (2)** of the Chartered Accountants Act, 1963, Act 170.

I am an ICA member having been admitted in (year) with registration number, my current year annual subscription of GHC is fully paid up and covered by receipt number Dated..... Please find enclosed the required supporting appendix duly completed together with copies of all certificates. I understand that a criminal record will prevent me from being issued with a Practising certificate. I therefore, warrant that every information provided by me with regards to this application is accurate, true and complete.

Yours faithfully,

Signature..... Date.....

Name &
Signature of
Admission Committee Member

**APPENDIX TO APPLICATION FOR
ICAG CERTIFICATE TO PRACTISE**

(Under Section 20 (2) of the 'Chartered Accountants Act, 1963, Act 170)

1. SUMMARY OF APPLICANT'S RELEVANT KEY DETAILS

- 1.1 Name of applicant: Surname Other Names (in full).....
(Please add an explanatory note if name is not exactly as on ICAG membership certificate)
- 1.2 Membership of ICAG: 1.2.1 Membership Reg. Number 1.2.2 Date of Admission
2. SUMMARY OF APPLICANT'S RELEVANT 'PRACTICAL WORK EXPERIENCE'

Please refer to note below

Names & Address of Employer/Practise Firm	Brief Job Description	DURATION				No. of Months	WORK EXPERIENCE AND DURATION CONFIRMED BY (REFERRES)	
		From Month	Year	To Month	Year		Name:	Position in Organisation:
							Name: Position in Organisation:	
							Signature and Official Stamp	
							Name: Position in Organisation:	
							Signature and Official Stamp	
<i>Additional work experience as per the supplementary sheet attached</i>								
TOTAL WORK EXPERIENCE	ANALYSED AS FOLLOWS:							Position in Organisation:
	IN PRACTICE:		Pre-qualification			Signature and Official Stamp		
	TOTAL RELEVANT WORK EXPERIENCE		Post-qualification	Total with practising firm/firms		Signature and Official Stamp		

A supplementary sheet is provided for additional information

NOTE

The required *confirmation*, on this form, of an applicant's work experience should be by an ICAG member who ideally is in practice EITHER the applicant's immediate supervisor/boss OR has, in one way or the other, responsibility for supervising the applicant's work

Contd. SUMMARY OF APPLICANT'S RELEVANT 'PRACTICAL WORK EXPERIENCE'

Please refer to note below

Names & Address of Employer/Practise Firm	Brief Job Description	DURATION				No. of Months	WORK EXPERIENCE AND DURATION CONFIRMED BY
		From Month	Year	To Month	Year		
							Name: Position in Organisation: Signature and Official Stamp
							Name: Position in Organisation: Signature and Official Stamp
							Name: Position in Organisation: Signature and Official Stamp
<i>Additional work experience as per the supplementary sheet attached</i>							
TOTAL WORK EXPERIENCE							
ANALYSED AS FOLLOWS:							
		Pre-qualification					Position in Organisation: Signature and Official Stamp
		Post-qualification					
		Total with practising firm/firms					Position in Organisation: Signature and Official Stamp
OTHERS							
TOTAL RELEVANT WORK EXPERIENCE							

A supplementary sheet is provided for additional information

NOTE

The required confirmation, on this form, of an applicant's work experience should be by an ICAAG member who ideally is in practice EITHER the applicant's immediate supervisor/boss OR has, in one way or the other, responsibility for supervising the applicant's work