



THE INSTITUTE OF CHARTERED ACCOUNTANTS [GHANA]

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EXEMPTION FORM

SRN:

To The Chief Executive:-
 I hereby apply for Exemption as follows:

PART 1:	PART 2:	PART 3:
SUBJECTS:
.....
.....
.....

1. Surname:.....Other Names:.....
 (Surname and other names in Block letters)
2. Address:.....
3. Tel:..... E-mail:.....
4. Nationality:.....
5. Present Appointment:.....
 (Precise Designation)
6. Date Commenced:.....
7. Name and address of present Employer:.....

8. Nature of Employer's Business:.....
9. Previous Appointment(s)

Name of previous Employer(s)	Appointments Held (<i>precise designation</i>)	Date	
		From	To

10. List of examinations passes:-
 - i.
 - ii.
 - iii.
11. Grounds on which Exemption is sought:.....
12. Signature..... Date:

- Processing and Exemption fees must accompany this Application
- Remittance to be made payable to the Institute Of Chartered Accountants [Ghana].

FEES: Part1: GH¢55.00[per paper] Part 2: GH¢65.00[per paper] Part 3: GH¢70.00[per paper] Processing fee GH¢10.00