

# THE INSTITUTE OF CHARTERED ACCOUNTANTS [GHANA]

P.O. Box 4268  
Accra, GHANA  
West Africa.

Tel: 233-(21)-666954/5, 669591/2

Fax: 233-(21)-669594

Email: [icaghana@4u.com.gh](mailto:icaghana@4u.com.gh), [icaghana@gmail.com](mailto:icaghana@gmail.com)

Website: [www.icagh.com](http://www.icagh.com)

Our Ref: **CEO/MPRM/NC/10/JCS**

Your Ref:

**1<sup>st</sup> March, 2010**

## **CIRCULAR TO ALL MEMBERS OF ICA(G)**

Dear Colleague,

### **NOMINATION OF MEMBERS TO ICA(G) COUNCIL [2010-2012]**

The tenure of office of the present Council of the Institute will come to an end at this year's Annual General Meeting scheduled for **Friday, May 28, 2010**.

Pursuant to Section 7 [2] of Act 170 of 1963, new members of Council will, therefore, be elected into office on that day.

Members are hereby invited to nominate suitable candidates using the attached **Nomination Forms** which should be completed and returned to the Secretariat not later than **Wednesday, 31<sup>st</sup> March, 2010**.

In this connection it is perhaps relevant to mention the fact that all concerned – the **person nominating, the nominee** and **the seconder** – must all be members in good standing with their Annual Subscriptions fully paid up to 2010.

Yours faithfully,

**SGD: Kwasi Asante**  
**CHIEF EXECUTIVE OFFICER**



THE INSTITUTE OF CHARTERED ACCOUNTANTS  
[GHANA]

**NOMINATION FORM FOR CANDIDATES FOR ELECTION  
TO THE COUNCIL OF ICA(G) TO BE HELD ON FRIDAY MAY 28<sup>th</sup>, 2010**

**SECTION A**

I ..... of .....  
[Address]

.....having received the consent of Mr/Miss/Mrs  
..... to be nominated as a Candidate to serve on the  
Council of the Institute, for the 2-year period, 2010-2012, hereby nominate him/her formally.

Signature:..... Membership Reg. No.: .....

Tel: ..... Date: .....

I ..... of .....  
[Address]

..... second the above nomination.

Signature: ..... Membership Reg. No.: .....

Tel: ..... Date: .....

**ACCEPTANCE OF NOMINATION**

I ..... of .....  
[Address]

accept the above nomination.

Signature: ..... Membership Reg. No.: .....

Tel ..... Date: .....

**NB: *Prospective candidate should attach a recent passport picture (white background) of himself/herself to the form.***



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## PARTICULARS OF CANDIDATES

### SECTION B

[To be completed by Candidates]

1. CATEGORY OF CANDIDATE:

Tick as appropriate: Not in Practice

in Practice

If in Practice please provide:

{i} Practice Name: .....

{ii} latest Practice Licence Certificate Details:

Number: ..... Date: .....

2. PLACE OF WORK AND ADDRESS:.....

.....

3. USUAL PLACE OF RESIDENCE:.....

4. DATE ADMITTED INTO MEMBERSHIP OF THE INSTITUTE: .....

5. QUALIFICATION[S]:.....

6. PROFESSIONAL TRAINING/CAREER RECORD:.....

.....

.....

7. SERVICE TO THE INSTITUTE: .....

.....

.....

8. MEMBERSHIP OF DISTRICT SOCIETIES/BOARD/ASSOCIATIONS/CLUBS: .....

.....

9. OTHER INFORMATION: .....

.....

10. HOBBIES: .....

11. I: ..... CONFIRM THAT THE ABOVE INFORMATION IS CORRECT.

SIGNATURE: ..... DATE: .....