



**THE INSTITUTE OF CHARTERED ACCOUNTANTS
[GHANA]**

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STUDENT REGISTRATION FORM

Please leave this space blank

This form is given out *free of charge to all prospective students*.
All sections must be completed and returned to ICA[G] accompanied by the *appropriate non-refundable* processing fee. Insert N/A in sections not applicable to you.

Payment for fees can be made at ICA[G] House in Accra and the relevant receipt attached to this form or, if more convenient to the student, the form may be accompanied by a pay – in – slip as evidence of payments into any of our bank accounts.

1. NAME OF APPLICANT: [IN BLOCK LETTERS]

Reg. number

1.1 SURNAME:

1.2 OTHER NAMES:

[In full; not initials]

2. DETAILS OF BIRTH

Age [next birthday]

..... yrs.

Date of birth →

.....

.....

.....

Gender [Tick as appropriate]

Male

Female

↑
Day

↑
Month

↑
Year

(You must attach birth certificate and/or such other evidence of birth as you may have)

3. HOME/PERMANENT ADDRESS

3.1 Postal

3.2 Telephone: 3.3 E-mail:

CURRENT POSTAL ADDRESS:

4. EDUCATIONAL QUALIFICATION

*List examinations passed and, for each exam, please list subjects taken and grades obtained
(Please attach original and copies of certificate)Original would be returned to you after vetting*

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5. OTHER PERSONAL DETAILS

Present Occupation

Name and address of Employer/School
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Tel: and e-mail:

