



## STUDENT CHANGE OF DETAILS FORM

(The Institute operates a Joint Examination Scheme with the ACCA)  
To the Council of the Institute of Chartered Accountants of Trinidad and Tobago

I hereby make application for registration as a student of the Institute of Chartered Accountants of Trinidad and Tobago (ICATT), and undertake if registered, and as long as I remain a registered student of Both The Association Chartered Certified Accountants ACCA and The Institute of Chartered Accountants of Trinidad and Tobago ICATT, to observe and abide by the rules and regulations which are now or may hereafter be in forced from time to time for regulating the administration of students and graduates.

(Please Tick the Appropriate Box)

CLASSIFICATION: ACCA PROFESSIONAL

FOUNDATION in ACCOUNTANCY (FIA)

PLEASE COMPLETE IN BLOCK LETTERS

### GENERAL INFORMATION

REG./FORM NO. \_\_\_\_\_

NAME: (Mr. Miss. Mrs.) \_\_\_\_\_

MAILING ADDRESS: -----

TELEPHONE NOS: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

EMAIL: \_\_\_\_\_

### DECLARATION

I declare that the information given in this form is correct and hereby make application registration.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE