

APPLICATION FOR MEMBERSHIP

DECLARATION OF RECOMMENDERS

A completed application must be supported by two (2) recommendations and each recommender must provide a copy of a form of identification.

RECOMMENDER/ICATT MEMBER

First Name: _____

Last Name: _____

DP/I.D. / Passport No.: _____

Date of Issue: _____

Date of Expiry: _____

Name of IFAC member body: _____

I declare that I have known the Applicant: _____

Mr. / Mrs. / Ms. / Miss / Dr. _____

for a period of ____ years and for the best of my knowledge I consider him/her a fit and proper person to be considered for membership to the Institute of Chartered Accountants Trinidad and Tobago (ICATT).

SIGNATURE OF RECOMMENDER

RECOMMENDER/ICATT MEMBER OR OTHER *

First Name: _____

Last Name: _____

DP/I.D. / Passport No.: _____

Date of Issue: _____

Date of Expiry: _____

Name of IFAC member body: _____

I declare that I have known the Applicant: _____

Mr. / Mrs. / Ms. / Miss / Dr. _____

for a period of ____ years and for the best of my knowledge I consider him/her a fit and proper person to be considered for membership to the Institute of Chartered Accountants Trinidad and Tobago (ICATT).

SIGNATURE OF RECOMMENDER