

APPLICATION FOR MEMBERSHIP

IMPORTANT: • Please complete ALL sections in BLOCK LETTERS using BLACK or BLUE ink.

Effective November 1, 2017



Before completing this form, applicants should read carefully the rules of membership, which can be found on our website http://icatt.org/system/wp-content/uploads/2017/02/ICATT_Rules_and_Regulations_2018_adopted_on_February_15_2017.pdf. This form must be completed by first time applicants for ICATT membership or by persons seeking membership on a reciprocal basis. The electronic format of this form may be completed at the members' login <https://icatt.org/system/application-for-membership/>. Alternatively, you may complete this version of the form and email to service@icatt.org.

SECTION A - PERSONAL INFORMATION

Name: _____
Surname First Middle Title
Mr. Mrs. Ms. Miss Dr

Present Address: _____

Country: _____ Nationality: _____

Mailing Address (if different from above): _____

Email Address: _____ Date of Birth (dd/mm/yyyy): ____/____/____ Male Female

Telephone/Mobile Contact: _____

Place of employment: (if applicable) _____

Address of employer: (if applicable) _____

Are you seeking Reciprocal Membership? YES NO

Are you a member in good standing of an IFAC member body approved by Council? YES NO

Have you provided evidence of good standing? YES NO

If YES, please state
Name of IFAC member body _____ Date of Admission _____

If NO, please state
Educational qualification _____ Date of qualification _____

Name of educational institution _____

Have you previously applied for membership with ICATT? YES NO

If "yes", please indicate the date of the previous application: _____

Please indicate the reason given for its non-approval: _____

SECTION B - EMPLOYMENT DETAILS / APPROVED ACCOUNTANCY EXPERIENCE

In this section, applicants must provide details of employment and approved accountancy experience*. Please list the last three employers beginning with most recent. I have complied with the requirement of Rule 2.4 (c) and have obtained the approved accountancy experience in the period _____ to _____

From	To	Name of Employer	Location	Position	Nature of Work
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

* "Approved Accountancy Experience" means completed training of at least 3,000 hours over a minimum of 3 years, but a maximum of 5 years in the office of a practising accountant or in a responsible position in commerce, industry or government service or any combination thereof, provided that the individual has satisfied the Council as to his professional attainment or experience.

SECTION C - PRACTISING INTENT

Any member who undertakes work within ICATT's definition of public practice must hold a Practising or Auditing Certificate from ICATT.

Follow this link for the definition for Public Practice - <http://icatt.org/system/definition-of-public-practice/>

- Please indicate whether you sign or produce any accounts or report(s) or certificate or tax return (s) concerning any person/organisation's financial affairs that maybe relied upon by a third party. Are you engaged in public practice? YES NO
 - If Yes, please indicate the type of clients you serve
(a) Audit YES NO
(b) Practising YES NO
- If you ticked "a" or "a" and "b", please apply for an **Auditing Certificate**
If you ticked only "b", please apply for a **Practising Certificate**
- Do you intend to apply for a Practising or an Auditing certificate in the future YES NO
If yes, please follow the link to the guidance notes on supervising principal and accredited supervising principal.

SECTION D - FIT AND PROPER DECLARATION

- Are there any criminal charges or professional disciplinary proceedings pending against you? YES NO
- Have you ever been:
 - Found guilty of a criminal offence? YES NO
 - Adjudged bankrupt? YES NO
 - Subject to disciplinary proceedings by a professional body/registered society YES NO

If you have answered yes to any of the above, please provide details and attach other page(s) as needed:

c) Has any regulatory body ever refused to issue you with a licence or revoked, cancelled, accepted surrender of, suspended, or refused to renew a professional license/certificate held by you now or previously or ever fined, censured, reprimanded or otherwise disciplined you? If yes, please provide details and attach other page(s) as needed:

YES NO

SECTION E - DECLARATION OF APPLICANT

I confirm that I have read the Notes at the end of this section and I declare that:

- In signing the ICATT Application for Membership Form, I confirm that I will abide by the provisions of the ICATT Rules and Regulations 2018, the Code of Ethics, and relevant standards as adopted by ICATT (and/or any subsequent regulations replacing or amending, in full or part, these regulations)
- I have met the ethical, educational and experience requirements and have provided evidence of this in the required manner and format.
- I understand that my Application for Membership may be refused if I have not demonstrated that my experience and knowledge are up to date.
- I will only use the designation 'Chartered Accountant' and the designatory letters 'CA' only while I remain a member of ICATT.
- I understand that if I engage in any public practice activities as defined by the Rules of ICATT, I will need to hold an ICATT auditing or practising certificate.
- I acknowledge my duty to the public to ensure that the quality of my knowledge and service is maintained after qualification; I therefore accept my responsibility to undertake adequate continuing professional development.
- I agree to pay the membership fees as prescribed and understand that I will be invoiced for this amount on the approval of my membership application. I am aware that a failure to pay sums due to ICATT by January 1 of each year may lead to my removal from the Register of Members.
- I have included everything ICATT needs to know, and there is nothing else I should bring to ICATT's attention at the present time.
- The information provided in this form is true, accurate and complete to the best of my knowledge and belief. I understand that a false declaration on this form may lead to disciplinary action against me and/or may invalidate any decision related to the application.

NOTES:

The ICATTs Rules and Regulations 2018, the Code of Ethics, and/or any relevant standards as adopted by ICATT set out the details of the events which could lead to disciplinary action. These events include (but are not limited to) the following: Incompetence in carrying out work; breach of ICATT's Rules or Regulations; disciplinary action against you by another professional body or regulator; bankruptcy or insolvency; failure to satisfy a judgment debt without reasonable excuse within three months; criminal conviction and/or caution; civil finding of acting fraudulently or dishonestly as a party or witness in civil proceedings; misconduct - this includes (but is not limited to) any act or omission which brings, or is likely to bring, discredit to you, a relevant firm, ICATT or the accountancy profession.

Applicant's Signature: _____

Date (dd/mm/yyyy): ____ / ____ / ____

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 in 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 in ICATT.

SIGNATURE OF RECOMMENDER

*Approved IFAC Member Body:

Chartered Professional Accountants - Canada
The American Institute of Certified Public Accountant
The Chartered Institute of Management Accountants
The Institute of Chartered Accountants in England and Wales

The Institute of Chartered Accountants Ireland
The Association of International Accountants
The Institute of Chartered Accountants of Scotland
Association of Chartered Certified Accountants

Such other bodies of accountants as may from time to time be recommended by the Council.

METHOD OF PAYMENT TO ICATT

The Annual Subscription is due on January 2nd of each year immediately following registration.

METHOD OF PAYMENT

Linx Visa/MasterCard Bank Draft/ Cheque Bank Deposit Online Banking

- Linx payments are made at **ICATT Office only**.
- Bank Draft / Cheque **(Please make cheque or bank draft payable to ICATT)**.
- Bank Deposit **FCB A/C# 015006099670 (Place your name & reg. no. is on the receipt and be faxed to 627-7087)**
- Online Banking via **First Citizens Bank Limited** or ICATT online payment at **www.icatt.org**

OFFICIAL USE ONLY

Application Processed By: _____ (Name) Signature: _____ DATE (dd/mm/yyyy): ____/____/____

PARTICULARS	YES	NO	COMMENTS
Completed application received / checked			
Remittance of _____ (\$____application fee and \$____ annual subscription)			
Two recommendations, each supported by a copy of the form of identification indicated by the recommender			
Confirmation of employment (current position held, time employed and a brief description of responsibilities)			
Original and copy of photo identification of applicant - driver's permit, passport or national identification card			
For reciprocal membership, only, a letter of good standing from the application the membership body approved by ICATT			

Application Reviewed by: _____

Verified by Chief Executive Officer: _____

Date submitted to Council for approval: _____

DECISION OF COUNCIL:

Approved Deferred Not Approved

Where an applicant is Not Approved/Deferred, please state reason:

Signature, Secretary of Council _____

Date Certificate Mailed/Delivered/Collected _____