

Fiji Institute of Accountants

Level 3,
Fiji Teachers Union Building,
1-3 Berry Rd,
GPO Box 681, Suva, Fiji.

Telephone: 3305 807
Facsimile: 3305 588
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APPLICATION FOR CERTIFICATE OF PUBLIC PRACTICE

I hereby apply for a Certificate of Public Practice.

1. **NAME IN FULL (Surname last :** _____
2. **DATE OF BIRTH :** _____
3. **ADDRESS (Postal) :** _____
4. **ADDRESS (Residential) :** _____
5. **E-MAIL ADDRESS :** _____
6. **TELEPHONE :** _____ Office _____ Mobile _____ Home
7. **DATE OF REGISTRATION AS CHARTERED ACCOUNTANT** _____
8. **FIA MEMBERSHIP NUMBER :** _____
9. **LOCATION OF PROPOSED OFFICE PREMISES** _____
10. **IF A PARTNER, NAME OF FIRM :** _____
11. **STATUS IN FIJI:**
 Fiji Citizen _____
 Resident of Fiji _____
 Work Permit Held _____
12. **EMPLOYMENT:**

EMPLOYER	EMPLOYMENT PERIOD FROM TO	POSITION HELD

13. PRACTICAL ACCOUNTING EXPERIENCE : Attach evidence of Practical Experience as required by Rule 7.

14. REFERENCE : Attach reference from your last employer. If being admitted to partnership by your present employer, attach a letter to that effect from your present employer.

15. FEE : I enclose herewith a cheque for the sum of \$ 471.50 being the subscription due to the end of the current year.

I hereby declare that all the information provided in this application is true and correct.

Signature : _____ **Date :** _____

Send completed form to:

THE REGISTRAR,
FIJI INSTITUTE OF ACCOUNTANTS,
PO BOX 681,
SUVA,
FIJI.

