



a)	Residential address	
b)	Postal address:	
c)	Business (street) address:  (If a Partner at a CA Firm, please state name of Firm):	
d)	Phone contact: Business:	Mobile:
e)	Email (preferred):	Email (alternative):
f)	Status in Fiji (please tick one box and provide evidence) <input type="checkbox"/> Fiji Citizen <input type="checkbox"/> Resident of Fiji <input type="checkbox"/> Work permit holder	
<b>Section 4 – Employment History</b> (please attach additional pages if more space is required). Please attach a <b>current Curriculum Vitae</b> as required under <b>APPENDIX 1</b> Application Checklist.		
<b>Current Employment:</b>		
Employer Name:		
Employer Address:		
City:	Postal Address:	Country:
Position title:		
Employment type:	<input type="checkbox"/> Full time	<input type="checkbox"/> Part-time
Duration of employment:		
Firm type: <input type="checkbox"/> Public Practice <input type="checkbox"/> Industry & Commerce <input type="checkbox"/> Public Sector <input type="checkbox"/> Education & Training <input type="checkbox"/> Other (please specify)		
<b>Previous Employment 1:</b>		
Employer Name:		
Employer Address:		
City:	Postal Address:	Country:
Position title:		
Employment type:	<input type="checkbox"/> Full time	<input type="checkbox"/> Part-time
Duration of employment:		

Firm type: <input type="checkbox"/> Public Practice <input type="checkbox"/> Industry & Commerce <input type="checkbox"/> Public Sector <input type="checkbox"/> Education & Training <input type="checkbox"/> Other (please specify)		
<b>Previous Employment 2:</b>		
Employer Name:		
Employer Address:		
City:	Postal Address:	Country:
Position title:		
Employment type:	<input type="checkbox"/> Full time	<input type="checkbox"/> Part-time
Duration of employment:		
Firm type: <input type="checkbox"/> Public Practice <input type="checkbox"/> Industry & Commerce <input type="checkbox"/> Public Sector <input type="checkbox"/> Education & Training <input type="checkbox"/> Other (please specify)		
<b>Section 5 – Qualifications (please attach additional pages if more space is required)</b>		
Please list the details of your tertiary qualifications and attach <b>certified copies (originally stamped) of Diploma, Degree and Postgraduate certificates</b> and <b>full, final academic transcripts</b>		
<b>a) Qualification Attained:</b>		
Tertiary Institution:		
Date completed:		
<b>b) Qualification Attained:</b>		
Tertiary Institution:		
Date completed:		
<b>Section 6– Membership of Accounting Professional Associations</b> <b>(This section is applicable to Associate Accountant, Chartered Accountant, Certificate of Limited Public Practice, Certificate of Public Practice and Fellows applicants only).</b>		
Please complete if you are a member of any other accounting professional associations (please attach additional pages if more space is required) Please also provide a letter of member in good standing and copy of Certificate from an association which is a recognised body approved by the FICA (refer to <b>APPENDIX 2</b> FICA Requirements which provides the list of Recognised Professional bodies)		
<b>a) Association 1:</b>		
Date admitted:		

Is membership current?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b) Association 2:</b>		
Date admitted:		
Is the membership current?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Section 7– References</b>		
Please provide names of three (3) persons, not relatives, whom the Council may ask for personal character references. <b>One</b> of the persons should be applicant’s present employer or, if not employed, the immediate past employer. The <b>second</b> person <b>MUST NOT</b> be connected with the applicant’s present employment. The <b>third</b> person <b>MUST</b> be full member of the FICA.		
<b>Referee 1:</b>		
Name:	Position:	
Organisation:		
Contact details: Mobile:	Email Address:	
<b>Referee 2:</b>		
Name:	Position:	
Organisation:		
Contact details: Mobile:	Email Address:	
<b>Referee 3:</b>		
Name:	Position:	
Organisation:		
Contact details: Mobile:	Email Address:	
<b>Section 8 – Declaration by Applicant</b>		
If you answer “YES” to any of the following questions, please attach details).		
a) Have you ever been convicted of any criminal offence in Fiji or and elsewhere? <input type="checkbox"/> Yes <input type="checkbox"/> No		
b) Have you ever been subject to disciplinary action by a statutory, regulatory, professional, or other body in Fiji or and elsewhere? <input type="checkbox"/> Yes <input type="checkbox"/> No		
c) Have you ever been declared bankrupt in Fiji or and elsewhere? <input type="checkbox"/> Yes <input type="checkbox"/> No		
d) Is there any other information you wish to submit to support this application? <input type="checkbox"/> Yes <input type="checkbox"/> No		

e) If Yes, please attach

**Section 9 – Application Fee - VAT is applicable at the prevailing rate**

Application fee is \$60 plus VAT

**Section 10 – Membership subscription – VAT is applicable at the prevailing rate**

Please select the applicable category:

Accounting Technician \$175 plus VAT

Chartered Accountant \$325 plus VAT

Associate Accountant \$200 plus VAT

Overseas \$200 plus VAT

Certificate of Limited Public Practice \$400 plus VAT

Certificate Public Practice \$500 plus VAT

Fellow (Nil)

***This application will not be processed if the application fee and membership subscription are not paid in full.***

**Section 11 – Mode of Payment**

1.  **Electronic Payment:** Payment must be made directly to the Fiji Institute of Chartered Accountants bank account – ANZ Bank, Account # 1322223 BSB 010 890. Please provide your name in the narration and attach the bank transaction confirmation for your application (subject to verification).

**Section 12 – Practical Accounting Experience**

**(This section is applicable to Chartered Accountants and Certificate of Public Practice applicants only)**

**CA Applicants** must complete the Certificate of Practical Experience form (**APPENDIX 3**), submit a Mentoring Final Report (**APPENDIX 4**) and submit a signed copy of the Mentoring Agreement (**APPENDIX 5**) as evidence that mentoring has taken place between the applicant and the Mentor.

**CPP applicants** must complete the Certificate of Practical Experience form (**APPENDIX 3**).

Please note that the Certificate of Practical Experience form should contain full details of experience gained by the applicant. The CPP form should be endorsed by the Chief Finance Officer who should be a member of the Institute and the Mentor who should be a Chartered Accountant (Current Member) for not less than four years of being a member of the FICA. Where the Chief Finance Officer is not a member of the FICA, the form should be signed by the Auditor of the organisation.

**Section 13 – Documentary Requirements/Checklist**

Please refer to **APPENDIX 1** “Application Checklist” and tick the relevant checklist applicable for this application.

**Section 14 – Submitting your application form**

**Send this completed form to:** The Executive Director, Fiji Institute of Chartered Accountants, PO Box 681, Suva, Fiji; or **Hand-deliver to:** The Secretariat of the Fiji Institute of Chartered Accountants, Level 3 Fiji Teachers Union Building, 1-3 Berry Road, Suva.

Email: [info@fia.org.fj](mailto:info@fia.org.fj)

**If you have any queries:** email [info@fia.org.fj](mailto:info@fia.org.fj) or call us on Landline: +679 8928 721  
Mobile: +679 999 9949/ 2222250

**Section 15 – Consents & Declaration**

**1. Observance of FICA Act, FICA Rules, FICA By-Laws and FICA Supplementary Code of Ethics**

I.....hereby undertake that, if registered as a Member, I will be bound by the provisions of the FICA Act, the FICA Rules that are now in force or may hereafter from time to time be made pursuant to the Act, and the By-Laws and the FICA Supplementary Code of Ethics now in force or amended from time to time by the FICA Council.

**Signature:**

**Date:**

**2. Consent to Disclose to Third Parties**

I ..... agree and consent that the information provided in this form can be used for verification with third parties by the FICA.

**Signature:**

**Date:**

**3. Declaration**

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

**Signature:**

**Date:**

*Revised version:*  
19/07/2023