



INSTITUTE OF CHARTERED ACCOUNTANTS OF BARBADOS

Room 29, Hastings Plaza, Hastings, Christ Church, Barbados, W I

Postal Address: P O Box 43B, St Michael, Barbados, W I

APPLICATION FOR PRACTISING CERTIFICATE

1: Name in full: _____

2: Address: _____ Tel No: _____

3: Employed with: _____ Tel No: _____

4: I wish to apply for a Practising Certificate in accordance with By-law 96:
 I obtained practical experience under the supervision of :
 (a) _____ who is a member of _____

 (insert the name of one of the bodies listed in By-law 69, (2)
 or (if the three years' experience was obtained with more than one employer)
 (b) _____ who is a member of _____

 and _____ who is a member of _____

 The work undertaken during the period of supervision included:

5: I wish to apply for a General Practising or Specialty Certificate in accordance with By-law 98:
 (a) I have been engaged in public practice since _____ and practise under the
 Style of _____ at the following address (es):

(b) I intend to engage in public practice and to practise under the style of:
 _____ at the following address:

(c) I am applying for the Specialty Practising Certificate in the area of _____

Date: _____ Signature: _____

NAME TO BE PRINTED ON CERTIFICATE: _____

FOR OFFICIAL USE ONLY

ACKNOWLEDGED:	CONFIRMATION OF EXPERIENCE RCVD:	
DATE OF COUNCIL METTING:	APPROVED: YES / NO	
ACCEPTANCE LETTER SENT:	ADDITIONAL FEES PAID: \$	
PRACTISING CERTIFICATE ORDERED:	DATE:	RECEIPT NO:
DATE MEMBER COLLECTED CERTIFICATE:		
SIGNATURE:		