

# Institute of Chartered Accountants of Jamaica



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## Membership Re-Application Form

Please Complete all Sections of this Form in Block Capitals

### Personal Information

Mr/Mrs/Miss/Ms/Dr .....  
(Surname) (Forenames)

Date of Birth ..... Nationality .....

Next of Kin ..... Tel. .... Relationship.....

### Residential Address

Residential .....

Telephone ..... Mobile..... Emergency # .....

Email .....

### Business Address

Job Title ..... Business Name/Employer .....

Business Address.....

Tel. No. .... Fax. No. ....

Email .....

Please indicate mailing address for your ICAJ correspondence: **Home ( ) Business ( )**

Month and Year of Membership Termination .....

**Other Details**

Please list your accountancy experience gained since your last application

Date	Organization	Position Held

**A letter from your current employer or a fellow practitioner outlining your work functions is to be submitted with this form**

Please indicate the types of continuing professional education activities that you have undertaken to maintain your currency.

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Have you ever been:

Found guilty of a criminal offence? Yes ( ) No ( )

Subject to disciplinary proceedings by a professional organization? Yes ( ) No ( )

Are there any criminal charges or professional disciplinary proceedings pending against you? Yes ( ) No ( )

If you answer yes to any of the above, please provide details below

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**Declaration**

I declare that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I acknowledge that any statement contained therein, which is known by me to be false, may invalidate this application and any decision reached thereon by the Council of the Institute.

Date .....

Signature of Applicant .....