

THE INSTITUTE OF CERTIFIED FORENSIC ACCOUNTANTS

Application for Admission

Please type or print clearly : This application cannot be processed unless copies of Degree/ professional qualification certificates are enclosed

1 Personal Details

Title (Dr/Mr/Mrs Ms/Miss etc): _____ Surname : _____

Forename(s): _____

Home address: _____

Postcode: _____ Telephone: _____ Home E-Mail: _____

Date of Birth : _____ Nationality: _____

Company and Business address _____

Postcode: _____ Telephone: _____ Facsimile: _____

Mobile: _____ E-mail _____ Address for correspondence (please tick) : Home Business

2 Academic Details

Qualifications obtained. Please list all of your academic and professional qualification, giving title, year and place of study

	Year	Place of Study
_____	_____	_____
_____	_____	_____
_____	_____	_____

3 Career Details

Present Company/Organization

Please enclose a typed curriculum vitae or resume describing your current and previous appointments

Name _____ Date Joined _____

Division _____ Public/Private (delete as appropriate)

If a subsidiary, name of parent company _____

Total number of Employees (up to..) 49 99 499 999 4999 9999 More
(In Company or Division)

Company/Division* turnover (up to..)

*Delete as applicable

5.1m 5.10m 5.50m 5.99m More

Nature of Company's Business _____ SIC Code _____

Please indicate which description best fits your company's business

- | | |
|---|---|
| <input type="checkbox"/> Manufacturer/Importer | <input type="checkbox"/> Business/Industrial services |
| <input type="checkbox"/> Retailer/Wholesaler | <input type="checkbox"/> Business/industrial distribution |
| <input type="checkbox"/> Business/Industrial/Product Manufacturing | <input type="checkbox"/> Consumer services |
| <input type="checkbox"/> Publishing | <input type="checkbox"/> Financial Consultancy |
| <input type="checkbox"/> Consumer durables as manufacturer/importer | <input type="checkbox"/> Public Sector |
| <input type="checkbox"/> Non-Profit Making | |
| <input type="checkbox"/> Consumer durables as retailer/wholesaler | |
| <input type="checkbox"/> Financial Education | |

Your current appointment

Job Title _____ Date appointed _____

Director/ Senior Manager Middle Manager Junior Manager Other (Please specify) _____

Are you self-employed? Yes No

The enclosure of a typed job description and an organization chart which clearly indicates your position within your company will help us to assess your practical experience.

4 References

A REFERENCE MUST BE SUPPLIED BEFORE THE APPLICATION IS PROCESSED

Must be a director or senior officer of your company or organization. If you are self-employed, or head of your organization, the referee may be a previous employer or professional advisor.

I have known the applicant for _____ years and support his/her application for membership.
To the best of my knowledge, the details of his/her application are correct.

Name (CAPITALS) _____ JOB TITLE _____

COMPANY (CAPITALS) _____ SIGNATURE _____

5 Signature

I agree to accept the decision of the Council as my eligibility for election to the appropriate grade of membership. If elected I agree to abide by the Institute's Charter and Bye-laws and to observe the provisions of the Institute's Code of Professional Standards. I confirm that the information supplied in support of my application for membership is correct.

Signature _____ DATE _____

PLEASE REMEMBER

To include copies of degree/professional qualification certificates.

To include your current job description and curriculum vitae, both of which should fully describe the financial resource management content of your present and previous appointments. To provide a referee who can verify that the information supplied is correct.

INSTITUTE OF CERTIFIED FORENSIC ACCOUNTANTS

WAIVER FORM

I certify that the information declared in the application form for membership and certification is correct. If I would misrepresent my credentials, or allow my membership in the Institute of Certified Forensic Accountants to lapse, I understand and agree that my status will be revoked and my membership terminated. I affirm that all the information that I have provided to the Institute is true, correct, and complete and I agree to hold harmless and indemnify the Institute and its Officer, directors, employees and agents for any misrepresentations of my credentials and for all claims, loss, damage, judgment or expense. I certify that I have not been convicted of a felony. I have not been disciplined for any ethical violation in the last 10 years and I am not under any investigation by any legal or licensing board.

Membership of Insitute does not constitute the grant of a license or other licensing authority by or on behalf of the organization as to a member's qualifications, abilities or expertise. The Institute does not endorse, guarantee or warrant the credentials, work or opinions of any individual member.

Signature

Date