

**ICAG**



**STUDENT REGISTRATION FORM**

**THE INSTITUTE OF CHARTERED ACCOUNTANTS [GHANA]**

Box GP 4268, Accra, Ghana. Tel: 0544-336701/2, 0277801422-4

E-mail: [info@icagh.com](mailto:info@icagh.com)/[studentservices@icagh.com](mailto:studentservices@icagh.com)

website: [www.icagh.com](http://www.icagh.com)

Attach 3 passport size photographs

This form is **NOT FOR SALE**. All sections must be completed and returned to ICAG accompanied by non-refundable fee.

SRN

1. SURNAME: .....

2. OTHER NAMES: .....

*(Mr./Mrs./Miss /Rev./Prof./Dr. - Please circle as appropriate)*

3. Date of Birth: ..... Age: ..... Sex:  M  F

4. Postal Address: .....

.....

**Note: All correspondence will be posted through the above address**

5. Mobile No. .... Email: .....

6. Educational Qualification:

i) .....

ii) .....

iii) .....

7. Name and address of Employer/School *(if applicable)*

.....

.....

8. Telephone: ..... Email: .....

9. I hereby apply to be registered as a student of the Institute of Chartered Accountants – Ghana in order to take the following examinations of ICAG.

**Please tick as appropriate.**

ICAG Professional Examinations (CA)

Accounting Technicians Scheme West Africa (ATSWA)

I confirm the accuracy of all the information provided above.

**Applicant's signature:** .....

Date: .....

**10. Details of a Referee**

Name: .....

Address: .....

.....

Telephone/Mobile: .....

Profession/Status: .....

**P.T.O. for other relevant information**

## **PAYMENTS AND REQUIREMENTS FOR REGISTRATION AS A CA STUDENT**

1. Payment for fees can be made at:

- **ICAG** House at Okponglo – East Legon, Accra
- **Kumasi** in the **Nyarko Plaza building** Ahodwo roundabout
- **ICAG Cape Coast Office** in the **Polytechnic old Administration Bank**

or into the following banks:

- **Barclays Bank Account No. 0000002149286 High Street Branch.**
- **Ghana Commercial Bank Account No. 1011130022905 High Street Branch.**

The form should be accompanied with a pay-in-slip as evidence of payment.

**Registration fees - GH¢120.00 and Annual subscription GH¢120.00.**

Account name: The Institute of Chartered Accountants – Ghana.

## **2. Bank payment Instructions**

Please provide the following information to the bank when making payment to The Institute of Chartered Accountants – Ghana (ICAG):

- **Name in full**
- **Student Registration Number (SRN)**
- **Purpose of payment should be stated on the pay-in-slip**

## **STUDENTS REGISTRATION REQUIREMENTS**

### **(a) Submission of Application in Person**

- Photocopy of any birth identity (passport, national ID, birth certificate, NHIS ID, etc.)
- 3 passport size photographs
- Original transcript for graduates
- Original and photocopy of educational certificate(s)

### **(b) Submission of Application by Post**

- Photocopy of any birth identity (passport, national ID, birth certificate, NHIS ID, etc.)
- 3 passport size photographs
- Original transcript for graduates
- Photocopy of educational certificate(s) must be **CERTIFIED**