ICAG THE INSTITUTE OF CHARTERED ACCOUNTANTS [GHANA]

Affix passport Picture here.

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ICAG SCHOOL

APPLICATION FORM

APPLICANTS TO NOTE: *You are required to complete all sections on this form. The completed form should be returned to the Institute with a non-refundable registration fee of* ***GH¢ 100.00***

PERSONAL PARTICULARS OF APPLICANT:

i. Full Name: ……Mr./Ms./Mrs.
(In block letters and in the order as they would appear on your certificate)

ii. Gender: Male [ ] Female [ ]

iii. Nationality: …… iv. Date of Birth: ……

Permanent Home Address: …….

…….

…….

E-mail: ……. **Tel:** ……

Studentship Registration Number (if registered with ICAG)……..

PAYMENT TERMS:

****Students with outstanding fees for the July - October 2015 session will have the full arrears deducted from any current payment made***

1. ***80% before start and the remaining 20% paid before 28th February, 2016.***
2. ***10% Discount on full payment and free manuals before 31st Jan 2016***
3. ***Refund of fees 50% by 31st Jan 2016 ,***

PLEASE TURN OVER TO COMPLETE THE SECOND PART OF THE FORM

1. CHOICE OF PROGRAMME

Indicate by marking (√) for the programme and the part you are enrolling

PROFESSIONAL CLASSES [ ]

Part 1: [ ] Part2: [ ] Part 3: [ ]

Morning { } Evening [ ] Weekend { }

2. SUBJECT(S) TO BE TAKEN:

I. …… II. …….

III. …… IV. …….

V…….. VI……

……. **Date:** ……..
Signature of student

Note: Students are required to pay Tuition Fee before the start of the class.

FOR OFFICIAL USE ONLY

Registration No: …….. .. Application received on ……..

Name/Signature of official: ……..

Amount Payable GH¢……... Paid: GH¢……. Balance: GH¢ ……..

Receipt Number: …….....

Remarks: …….