



THE INSTITUTE OF CHARTERED ACCOUNTANTS (GHANA)

NOMINATION FORM

FOR CANDIDATES FOR ELECTION TO COUNCIL OF ICAG (2016-2018)

I of

[Address]

..... having received the consent of

Mr/Miss/Mrs/Dr/Prof to be nominated as a candidate to serve on the Council of the Institute, for the 2-year period, 2016-2018, hereby nominate him/her formally.

Signature: Membership Reg. No.:

Tel: Date:

I of

[Address]

..... second the above nomination.

Signature: Membership Reg. No.:

Tel: Date:

ACCEPTANCE OF NOMINATION

I of

[Address]

and a member of District Society hereby accept the above nomination.

Signature: Membership Reg. No.:

Tel: Date: