



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

P O Box 4268, Accra. Tel. 0544336701/2 Fax: 669594 E-mail: icaghana@gmail.com

Red background  
passport

**GRADUATION AND CONTACT INFORMATION FORM**

Photograph  
(Formal)

**1. GRADUAND'S DETAILS FOR DATABASE**

Sudentship Number

SURNAME

OTHER NAMES [IN FULL]

1.1 Date of Birth

1.2 Nationality

**2. EMPLOYMENT DETAILS**

2.1 Name of Organization

2.2 Designation (Position)

2.3 Address (Postal)

2.4 Location

*(Intended to facilitate hand delivery as and when necessary)*

2.4 Contact /Mobile No.

E-mail:

**3. HOME/PERMANENT ADDRESS**

3.1 Address (Postal)

**4. DETAILS OF FEES TO PAY**

Please find the enclosed my Cash or Cheque number: ..... For GH¢.....

as detailed below:

	<b>GH¢</b>
Graduation Fee	700.00
Associate Fee (2018)	300.00
<b>TOTAL</b>	<b>1,000.00</b>

Signed : .....

Date: .....

**NB: The completed form should be submitted with cheque/cash for payment.**

\_\_\_\_\_

|