



**THE INSTITUTE OF CHARTERED ACCOUNTANTS [GHANA]**  
P.O. Box GP 4268, Accra, Ghana Tel: 0544336701-2, 0277801422-4  
Email: | [studentservices@icagh.com](mailto:studentservices@icagh.com) | [info@icagh.com](mailto:info@icagh.com) | Website: [www.icagh.com](http://www.icagh.com) |

## EXEMPTION FORM

**To The Chief Executive Officer**  
**I hereby apply for Exemptions as follows:**

Level 1

Level 2

SUBJECTS: .....  
.....  
.....  
.....

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1. Student Registration No. (SRN).....
  2. Surname:..... Other Names:.....  
*(Surname and other names in FULL and in Block letters)*
  3. Postal Address:.....
  4. Tel:..... E-mail:.....
  5. Nationality:.....
  6. Present Appointment:.....  
(Precise Designation)
  7. Date Commenced:.....
  8. Name and address of present Employer:.....  
.....
  9. Nature of Employer's Business:.....  
.....
  10. List of ICAG papers passed:- (if applicable)
    - i. ....
    - ii. ....
    - iii. ....
  11. Qualification on which exemption is granted:.....
  12. Signature..... Date:.....
    - Exemption fees must accompany this Application
    - Remittance to be made payable to the Institute of Chartered Accountants [Ghana]

**Note: Local qualification fees:**  
**Level 1 (GH¢230.00) Level 2 (GH¢300.00) per paper**  
**Foreign qualification fees:**  
**Level 1 (GH¢250.00) Level 2 (GH¢350.00) per paper**

Payments can be made into any of the following banks:

- **Barclays Bank Account No. 0000002149286 High Street Branch:**  
**Sort Code 030148, Swift Code BARCGHAC/030100**
  
- **GCB Bank Account No. 1011130022905 High Street Branch:**  
**Sort Code 040101, Swift Code GHCBGHAC**
  
- **Ecobank Ghana Account No. 0710134481289101:**  
**Sort Code 130149, Swift Code ECOCGHAC**

The form should be accompanied by a pay-in-slip as evidence of payment.  
**Registration fee is GH¢120.00 and annual subscription GH¢120.00.**  
Account name: The Institute of Chartered Accountants (Ghana).

**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**