



(Reg.13 (1) (b))

APPLICATION FOR RESTORATION OF MEMBER FIRM

Full Name of Entity:

Physical Address:

.....

Postal Address:

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Email Address:

Contact Phone:

Partners/Directors/Members who are in the Accountancy Profession:

<u>Name</u>	<u>BICA Membership Number</u>	<u>Signature</u>
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1.

2.

3.

4.

5.

6.

Details of the professional accounting services that the entity provides or intends to provide:.....

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.....

FORM MF003 (Reg.13)

CONDITIONS FOR REGISTRATION

An application to register a member firm must comply with the following conditions:

1. The firm undertakes not to practice without adequate professional indemnity insurance, a copy of which is herewith attached.
2. The signatures above signify that the individuals who are in the accountancy profession hereby undertake to be bound by the disciplinary provisions of the Rules of the Institute individually.
3. Provide a certified copy of registration or certificate of incorporation to BICA

REMITTANCE: P..... (exclusive of VAT)

Signature:

Date:.....

***By the Accountable Officer**

* Please attach a copy of the resolution authorizing the signatory to sign on behalf of the firm.

Please send your completed form to:

Botswana Institute of Chartered Accountants

Plot 50374, Second Floor, Block 3, Fairgrounds Financial Centre, Private Bag 0021, Gaborone, Botswana

Phone: +267 3972 992 Fax: +267 397 2982 Email: bica@bica.org.bw

Website: www.bica.org.bw