



# APPLICATION FOR MEMBERSHIP (CLASSES OF MEMBER)

*(Reg 3, 4(2), 9(1) and 13(1) (a))*

## BOTSWANA INSTITUTE OF CHARTERED ACCOUNTANTS

Private Bag 0021, Gaborone. Tel: +267 397 2992 Fax: +267 397 2982

Email: [bica-memberships@bica.org.bw](mailto:bica-memberships@bica.org.bw) Website: [www.bica.org.bw](http://www.bica.org.bw)

### Application for Direct Admission as a Member

New

Restoration

Name of Applicant:

Class Applying for

FELLOW (FCA)

ASSOCIATE (ACA)

ACCOUNTING TECHNICIAN

FELLOW (FCPA (Bots))

ASSOCIATE (ACPA (Bots))

#### For Office use only

Membership Class:

Membership Number:

Date of Approval:

D	D	M	M	Y	Y
---	---	---	---	---	---

Paid:

YES	NO
-----	----

No.

PLEASE FILL IN BLOCK LETTERS

**1. PERSONAL INFORMATION**

Title (Insert Mr, Mrs, Miss, Ms, or Specify if other)

Surname

First Name

Other Names

Date of Birth  Country of Birth

Nationality

Residential Address

Postal Address

Job Title

Business Name

Business Postal Address

Email address

Telephone **(Work)**  Cell phone Number  Fax Number

Location **(TICK)** Southern District  Central District  North-East District   
Kweneng District  Chobe District  North - West District  South-East District   
Ghanzi District  Kgalegadi District  Kgatleng District

**Applicable to Non- Citizens only:**

a) Date of arrival

b) Passport No.  Date of expiry

c) Work Permit No.  Date of expiry

d) Exempt. Cert. No  Date of expiry



## 2. BUSINESS DETAILS

a) Employment Category: Please indicate your current employment category (one only)

Industry/Commerce       Government       Parastatal

Public Practice Full-time       Student Not employed b)

Nature of Firm (if in Public Practice):

Name of the Firm:	Member Firm Number

No. Of Partners/ Directors in Botswana

Sole-Practitioner       2-3       4-7       over 7

Number elsewhere:      Please list countries below:

Number elsewhere:	Please list countries below:

c) Size of organisation:

Less than 5       5-25       26-100       over 100

d) Business category (if not in Public Practice)

Please indicate the category which best describes your employer's business (one only)

- |                                         |                                                |                                             |
|-----------------------------------------|------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Manufacturing  | <input type="checkbox"/> Financial Institution | <input type="checkbox"/> Banking            |
| <input type="checkbox"/> Insurance      | <input type="checkbox"/> Transport             | <input type="checkbox"/> Health Services    |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Construction Services | <input type="checkbox"/> Retailing          |
| <input type="checkbox"/> Mining         | <input type="checkbox"/> Publishing/Journalism | <input type="checkbox"/> Central government |
| <input type="checkbox"/> Academic       | <input type="checkbox"/> Distribution          | <input type="checkbox"/> Local Government   |
| <input type="checkbox"/> Statutory Body | <input type="checkbox"/> Parastatal            | <input type="checkbox"/> Other              |

Specify if other:

e) Level of Responsibility:

- |                                         |                                    |                                         |
|-----------------------------------------|------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Partner        | <input type="checkbox"/> Director  | <input type="checkbox"/> Manager        |
| <input type="checkbox"/> Senior Partner | <input type="checkbox"/> Executive | <input type="checkbox"/> Senior Manager |

### 3. EDUCATION

Please submit copies of all your educational certificates.

If your certificates are not in English, please enclose official translations

a) **Diploma level or AAT**

**Completion period**


b) **Degrees qualification**


c) **Professional examination passed with period**


### 4. MEMBERSHIP OF PROFESSIONAL ACCOUNTANCY BODIES:

Attach evidence of being a fully paid-up member, in good standing of:

NAME OF PROFESSIONAL ACCOUNTANCY BODY

D D M M Y Y


### 5. IF IN PUBLIC PRACTICE

Provide names of all your partners wherever resident:


### 6. REFERENCES:

Please provide letters of reference from two people who should if possible be members of the institute or of an accountancy body, which is a member of IFAC, who are able to vouch from personal knowledge for your work experience and suitably for membership



## 8. DECLARATION

I, \_\_\_\_\_ hereby apply for admission as a Fellow/Associate/Accounting technician member of the Institute.

I undertake that, if admitted, I will, so long as I remain a member of the Institute, comply with the Accountants Act 2010, the Rule and other Regulations of the Institute for the time being in the force.

I further undertake that I will use the designation "Fellow Member", "Associate Member", "Accounting Technician" \* and/or the prescribed désignatory letters F.C.A or F.C.P.A), A.C.A, ACC TECH

I acknowledge my duty to the public to ensure that the quality of my knowledge and service is maintained after qualification. I therefore accept my responsibility to undertake adequate Continuing Professional Education as recommended by Council from time to time.

I undertake to report to BICA if at any time I am the subject of a disciplinary hearing held by any professional entity.

I confirm that I have read and fully comprehended the content of the Institute's Code of Ethics, BICA rules notably **Part 6 Rule 2** and there is nothing which I should bring to the Institute's attention at the present time.

I confirm that I will attend the mandatory induction workshops            Yes            No

I declare that the whole of the information contained in the application is true and complete to the best of my knowledge and belief. I acknowledge that any statement contained therein which is known by me to be false may invalidate this application and any decision reached thereon by the Council of the Institute.

**Signature** \_\_\_\_\_ **DATE** \_\_\_\_\_

### Enclosures required (please tick as appropriate)

1. Certified Copies of Certificates evidencing:

(a) Examination passed (b) Academic qualification (c) University degree (d) Professional qualifications

2. Evidence of Membership of Professional Accountancy Bodies:

(a) Membership Certificate (b) Proof of Continuing Membership in Good Standing

3. Two Reference Letters from BICA active members

4. Confirmation letter of employment

5. Certified copy of Identity Document

6. Certified copy of proof of change of name (e.g. marriage certificate)

7. Complete the work experience checklist form (**for Accounting technician applicants only**)

8. Police clearance certificate

9. Remittance fee

	<b>Accounting technician</b>	<b>Associate</b>	<b>Fellow</b>
Application fee	P116.07	P227.68	P227.68
Subscription	P1216.07	P2274.11	P2456.25
VAT 12 %	P159.86	P300.21	P322.07
<b>TOTAL</b>	<b>P1492.00</b>	<b>P2802.00</b>	<b>P3006.00</b>

**NB: The application must be submitted at the Institute's offices Gaborone /Francistown as hard copy. Alternatively courier the application to the following physical address;**

**Fairgrounds Financial Centre Plot # 50374, Block 3,2<sup>nd</sup> Floor, Fairground, Gaborone**