STUDENT REGISTRATION APPLICATION

(The Institute operates a Joint Examination Scheme with the ACCA)

To the Council of the Institute of Chartered Accountants of Trinidad and Tobago

I hereby make application for registration as a student of the Institute of Chartered Accountants of Trinidad and Tobago (ICATT), and undertake if registered, and as long as I remain a registered student of Both The Association Chartered Certified Accountants ACCA and The Institute of Chartered Accountants of Trinidad and Tobago ICATT, to observe and abide by the rules and regulations which are now or may hereafter be in forced from time to time for regulating the administration of students and graduates.

CLASSIFICATION: **ACCA QUALIFICATION ☐** **FOUNDATION in ACCOUNTANCY (FIA) ☐**
(Please Tick the Appropriate Box)

PLEASE COMPLETE IN BLOCK LETTERS

GENERAL INFORMATION

REG./FORM NO. _____

NAME: (Mr. Miss. Mrs.) _____

MAILING ADDRESS: _____
(Include Company name **if** using Business address) _____

TELEPHONE NOS: _____ **DATE OF BIRTH** _____

EMAIL: _____

The registration fee is $150.00 plus VAT% for FIA Students and $200.00 plus VAT% for ACCA Qualification Students and includes the Annual Subscription for the year. The Annual Subscription is due on 1st January of each year immediately following Registration.

METHOD OF PAYMENT TO ICATT
(Please make cheque payable to ICATT and write your Reg. No. at the front of cheque)

□ Cheque □ Linx □ Credit Card □ Direct Deposit **FCB#015006099670**

Credit Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **Credit Card Number (from front of card. Do not include spaces)**

Name of Credit Card Holder ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Signature: _____ **Expiry Date:** _____

DECLARATION: I declare that the information given in this form is correct and hereby make application registration.

_____ _____
SIGNATURE **DATE**