



**BOTSWANA INSTITUTE OF ACCOUNTANTS**  
PRIVATE BAG 0021, GABORONE. TEL : 3972992 FAX : 3972982

## Application for Direct Admission as a Member

Name of Applicant:

Class applying for

FELLOW       ASSOCIATE       REGISTERED       LICENTIATE

### For Office use only

Membership class:

Membership Number:

Date of Approval:        
NO

Paid:  YES  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

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

Country of Birth

Nationality

Residential  
Address

  
  

Job Title

Business Name

Business  
Address

  

E-Mail Address

Telephone (Bus)

Fax Number

Mailing Address  
(If different from  
above)

  
  

Applicable to Non-Batswana only:

a) Date of arrival

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

b) Passport No.

Date of expiry

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

c) Work Permit No.

Date of expiry

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

d) Exemp. Cert. No.

Date of expiry

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

## 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):

No. of Partners/Directors in Botswana:

- Sole-Practitioner       2-3       4-7       over 7

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)

- Manufacturing       Banking       Financial Institution  
 Insurance       Distribution       Transport  
 Communications       Other Services       Construction  
 Mining       Publishing/Journalism       Retailing  
 Academic       Central Government       Local Government  
 Statutory Body       Parastatal       Other

Specify if other:

e) Level of Responsibility:

- Senior Partner       Partner       Director  
 Senior Manager       Manager       Executive

### 3. EDUCATION

Please submit copies of all your educational certificate.

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

a) School certificates with period

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |

b) Degrees or academic diplomas held with period

|  |  |
|--|--|
|  |  |
|  |  |

c) Professional examinations 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 suitability for membership



## 8. DECLARATION:

I, \_\_\_\_\_ hereby apply for admission as a Fellow / Associate / Registered / Licentiate\* 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 1988, the Rules and all other Regulations of the Institute for the time being in force.

I further undertake that I will use the designation "Fellow Member", "Associate Member", "Registered Member", or "Licentiate Member"\*, and / or the prescribed designatory letters F.C.P.A. (Bots.), A.C.P.A. (Bots.), R.B.I.A., or L.B.I.A.\* respectively only while I remain a member of the Institute.

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 confirm that I have read and fully comprehend the content of the Institute's Rule 32 and that there is nothing which I should bring to the Institute's attention at the present time.

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.

(\*delete inapplicable)

Signature \_\_\_\_\_ Date: \_\_\_\_\_

You should complete this form correctly and enclose all the required documents together with the correct fees to enable processing of this application without delay.

Enclosures required (Please tick as appropriate)

1. Certified Copies of Certificates evidencing:
  - a) Examinations Passed
  - b) University Degree(s)
  - c) Professional Qualification(s)
2. Evidence of Membership of Professional Accountancy Bodies:
  - a) Membership Certificate
  - b) Proof of Continuing Membership in Good Standing
3. Two Reference Letters from BIA members
4. Copy of Work Permit if applicable/Residence permit
5. Experience Certificates
6. Remittance
  - a) Admission fee
  - b) Annual subscription

### FEES

|               | FELLOW               | ASSOCIATE            | REGISTERED           | LICENTIAE            |
|---------------|----------------------|----------------------|----------------------|----------------------|
| ADMISSION     | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| SUBSCRIPTIONS | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| VAT 10%       | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| TOTAL         | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |