



P. O. BOX N-7037
NASSAU, BAHAMAS

Telephone: (242) 326-6619
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THE BAHAMAS INSTITUTE OF CHARTERED ACCOUNTANTS

APPLICATION FOR RESTORATION TO REGISTER

Name.....Membership Given.....

Date membership suspended.....Hearing required [] Yes [] No

If hearing required date proposed by council.....

.....
Signature of Applicant

APPLICANTS ARE REQUIRED TO ENCLOSE THE FOLLOWING:

- (a) two reference letters -
 - (i) for associates or members, letter must be from members in good standing to whom you are known;
 - (ii) for licensees, letters must be from public accountants to whom you are known;
- (b) application fee;
- (c) satisfactory evidence of required continuing professional development hours;
- (d) police record not more than three months old.

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Signature by Secretary

Made this _____ day of _____