



**APPLICATION FOR ADMISSION TO MEMBERSHIP OF
THE INSTITUTE OF CHARTERED ACCOUNTANTS OF NAMIBIA**

To the Council of the Institute of Chartered Accountants of Namibia (ICAN)

I hereby apply for admission to membership of ICAN and for my name to be entered in the register of membership of this body, believing myself to be a fit and proper person to be admitted to membership and being not less than twenty-one years of age.

GENERAL INFORMATION

Surname: Initial: Title:

Forenames:

Preferred name: Job Title:

Maiden name (if applicable):

Gender (male or female): Date of birth: (DD/MM/YYYY) / /

Identity number: **(Please include a legible copy)**

Citizenship status: Namibian Non-Namibian Citizenship:

 Domicile Permanent Resident Work Permit

Contact details: Physical address :

 Postal Address :

 Cell number :

 Email address :

 Employer :

To assist ICAN in measuring the success of its transformation policies, we appeal to you to indicate which racial category best describes yourself, by ticking one of the boxes below. Council gives it's undertaking that this information will only be used for the purpose of determining group statistics. Information relating to individuals will not under any circumstances be disclosed to anyone outside of the secretariat, without your consent.

AFRICAN ASIAN COLOURED WHITE OTHER/SPECIFY:

EMPLOYER PARTICULARS
(IF EMPLOYER IS GOING TO BE PAYING YOUR FEES)

Name of employer :

Employer's postal address :

Employer's telephone number : Employer's fax number :

MEMBERSHIP OF ICAN

Have you been a member of ICAN before? Yes No

If so, under what circumstances, and when did your membership cease?

Reciprocal Member (member in good standing of an approved foreign Institute) Yes No

An applicant under this clause must supply:

A letter of Good Standing from your home institute in support of your application. The letter of Good standing must be dated not more than 3 months prior to the date of this application and must confirm that:

- You acquired the full membership status by completing the normal training and education route
- You are a member in good standing with a good disciplinary record and no outstanding complaints against you
- You are up to date with your home body's CPD requirements

I am a member in good standing of the following body of accountants and auditors recognized by the Council of ICAN for this purpose (insert name of your home body on the line below) and I have passed the examinations prescribed by the Council of ICAN (if applicable).

I understand that my membership of ICAN will cease if I cease to be a member of the above mentioned home body whether by resignation, suspension, exclusion or for any other reason. Yes

CATEGORY OF MEMBERSHIP (ON BEING ADMITTED TO MEMBERSHIP)

A. RESIDENT MEMBER I have passed the examinations prescribed by the Institute and had the practical experience prescribed by the Board and I am resident in Namibia Yes No

Are you registered or intending to register with the Public Accountants' and Auditors' Board? Yes No

If yes, registration number if available

To allow the Institute to measure the profile of its membership resident members are requested to indicate which category they will fall into:

In Public Practice – Attest: As a partner, Sole practitioner or in part time practice. Engaged in providing attest services (signing off of audit and other opinions on financial statements or other financial reports)

In Public Practice – Non-Attest: As a partner, Sole practitioner or in part time practice. Offering other services to the public such as financial consulting, taxation related services, accounting services but no audit / attest services.

Not In Public Practice: Employed in Commerce or Industry. Includes employees working in Audit Firms.

B. ABSENTEE MEMBER: You will be resident outside the Republic before 1st January and for a period of more than 12 months Yes No

C. NON RESIDENT PARTNER I am registered as non-resident Accountant and Auditor under Section 23(4) of the Public Accountants' and Auditors' Act (ACT 51 of 1951) Yes No

CONTINUING PROFESSIONAL DEVELOPEMNT

By signing and submitting this application form I declare that I am aware of the need for continuing professional development (CPD, i.e. the ongoing involvement in development activities that are relevant to my work or career path. I undertake, if admitted, to commit to a process of lifelong learning as is reasonably expected of a holder of a professional designation. Yes

STATISTICAL INFORMATION
Please choose the closest option

PRIMARY PROFESSIONAL OCCUPATION ON ADMISSION TO MEMBERSHIP

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> AUDIT | <input type="checkbox"/> TELECOM | <input type="checkbox"/> ENERGY |
| <input type="checkbox"/> ACCOUNTING & CONSULTING | <input type="checkbox"/> TOURISM | <input type="checkbox"/> FISHING |
| <input type="checkbox"/> FINANCIAL SERVICES | <input type="checkbox"/> MEDIA | <input type="checkbox"/> ACADEMIC |
| <input type="checkbox"/> BANKING | <input type="checkbox"/> MEDICAL | <input type="checkbox"/> LOGISTICS / TRANSPORT |
| <input type="checkbox"/> RETAIL | <input type="checkbox"/> CONSTRUCTION | <input type="checkbox"/> RETIRED |
| <input type="checkbox"/> MANUFACTURING | <input type="checkbox"/> GOVERNMENT | <input type="checkbox"/> UNEMPLOYED |
| <input type="checkbox"/> MINING | <input type="checkbox"/> ENGINEERING | |
| <input type="checkbox"/> STATE OWNED ENTERPRISE | <input type="checkbox"/> PROPERTY | |
| <input type="checkbox"/> OTHER _____ | | |

WHERE DID YOU HEAR ABOUT CHARTERED ACCOUNTING AS A CAREER OPTION FOR THE FIRST TIME?

- | | |
|--|--|
| <input type="checkbox"/> CAREER FAIR AT SCHOOL | <input type="checkbox"/> CAREER FAIR AT UNIVERSITY |
| <input type="checkbox"/> TEACHER | <input type="checkbox"/> PARENT |
| <input type="checkbox"/> OTHER _____ | |

ACADEMIC QUALIFICATIONS

	Degree	Post Graduate Degree
Academic Qualification		
University where qualification was obtained & year		
Year passed qualifying examination	ITC :	APC :

TRAINING CONTACT INFORMATION

Period From : To:

Firm:

Name of Training Officer/s:

Training Officer/s membership number:

I certify that the information submitted by me herein as complete, true and correct in every detail. I undertake, if admitted to comply with the provisions of the regulations* by whatever name called from time to time in force, for so long as I shall remain a member.

*Regulations shall mean – (in the case of ICAN, the provisions of the Constitution and By-laws as amended from time to time)

.....
Signature

.....
Date

MEMBERSHIP OF OTHER PROFESSIONAL BODIES

Have you ever applied for membership of any other professional body? Yes No

If yes, which body?

Were you accepted for membership? Yes No

Are you still a member? Yes No

If no longer a member of this body, under what circumstances did your membership cease?

Have you ever been convicted of theft, fraud, forgery or issuing a forged document? Yes No

Are you un-rehabilitated insolvent? Yes No

Have you at any time been removed from an office of trust on account of misconduct or any other reason?

If yes, please provide details:

RECOMMENDATION BY TWO CHARTERED ACCOUNTANTS (NAMIBIA)

We the undersigned, read the above application and have known (insert name of applicant) for the period of time stated below, and recommend him or her for membership of ICAN, believing him or her from personal knowledge, to be a fit and proper person to become a member.

1. Name (Block letters):

Signature: Date:

Membership number: Application known (years):

2. Name (Block letters):

Signature: Date:

Membership number: Application known (years):

APPLICATION FOR MEMBERSHIP OF THE INSTITUTE OF CHARTERED ACCOUNTANTS

Please ensure that proof of payment for application for membership with effect from 1 January 2023 is sent to finance@ca-nam.com (made payable to the Institute of Chartered Accountants) for the entrance fee and membership fee as outlined below.

Membership Category	Excl. VAT	Incl. VAT
Entrance Fee (Registration Fee)	N\$ 8 060.00	N\$ 9 269.00
Membership Fee (In Public Practice – Attest/Non-Attest)	N\$ 7 680.00	N\$ 8 832.00
Membership Fee (Not in Public Practice)	N\$ 7 680.00	N\$ 8 832.00
Absentee	N\$ 4 500.00	
Non-Resident	N\$ 7 680.00	

NOTES:

- Persons whose applications are **submitted after June** will only be admitted to membership on or after 1 July (for the second half of the year) and the subscription fee will be reduced to half of the above fees. The entrance fee remains unchanged.
- Applications **submitted after 1 December** will not be considered until 1 January 2024. Applicants should enquire as to the year 2024 rates, which will only be determined during November 2023.

TERMS AND CONDITIONS

1. Members will inform ICAN of all **changes of professional status, address and contact details**.
2. Subscription fees are invoiced as of 1 January and are **payable by the 28th of February annually**, irrespective of the month joining ICAN the previous year.
3. When joining ICAN after 1 July, **half year subscription fees**, but full entrance fee, will be payable for the year in question. Full subscription fees remain payable for the following year by the 28th of February of that year.
4. A **10% penalty** will be levied monthly from the end of March in respect of outstanding subscription fees, with a maximum penalty of 40%.
5. Members will be **struck off** the register if any fees or charges are outstanding for longer than 6 months after invoicing. Certificates must be returned to the Institute and the CA (NAM) designation may no longer be used. Use of the designation thereafter, will constitute a criminal offence and is liable to a fine.
6. The names of the members struck off for non-payment of subscriptions will be **communicated to The PAAB, MTI, BIPA, SAICA and any other body the Institute deems necessary**.
7. To qualify for **absentee status**, a member must reside outside of Namibia on 1 January and be non-resident for a full year, and provide ICAN with an overseas address. If it is found later that inappropriate absentee claims were made, the member will be liable for back payments at the local rate.
8. Applications for **Resignations** and **Concessions** must be received in writing by ICAN on or before 31 January of the applicable year. Applications received thereafter, will not be accepted.

I have read and understood the terms and conditions above and agree to abide by them.

.....
Initials and Surname

.....
Identity Number

.....
Signature

.....
Date

FOR OFFICE USE:

ACC NO: _____

MEMBERSHIP NO: _____

JOIN DATE: _____

NOTES: _____

ID COPY ATTACHED _____