



INTERNATIONAL INSTITUTE OF CERTIFIED FORENSIC ACCOUNTANTS, INC

16192 Coastal Highway | Lewes, Delaware | 19958 County of Sussex | USA

Passport
Picture

ASSOCIATE MEMBERSHIP APPLICATION

Please complete in English - If form is filled in by hand please print clearly using CAPITAL letters"

PERSONAL INFORMATION

Surname:	Initials:
First Name:	
Birth Date: Year:	Month: Date:

ADDRESS

Postal:	City/Town:
Country:	
Email:	
Mobile:	Tel:

EMPLOYER

Name:	
Postal:	City/Town:
Country:	
Email:	
Tel:	Fax:

Where would you prefer to be contacted: Home Work

I wish to apply for Associate Membership of the International Institute of Certified Forensic Accountants, Inc (USA)

EDUCATIONAL HISTORY

Date	Name of Institution	Subject
Please submit certified copies of relevant certificates		

PROFESSIONAL QUALIFICATIONS

Professional Body	Membership #	Date
Please submit certified copies of certificates		

PROFESSIONAL REFERNCES

Name of Referee	Company name & address	Telephone/Fax/Email

Have you ever been declared bankrupt or been a subject to bankruptcy procedures; have you had a court judgement made against you for a debt?

Yes No

Have you been found guilty of any offence or subject to civil or court action relating to your professional business activities or your management of any company?

Yes No

Have you been refused entry to or excluded from any professional membership?

Yes No

Have you had any finding against you in respect of misconduct or malpractice in your profession?

Yes No

If you answered 'Yes' on any of the questions above please provide details on a separate sheet.

I hereby apply for Associate Membership. I enclose money order/draft made payable to the International Institute of Certified Forensic Accountants for:

Application fee* \$ 50.00
Associate membership fee** \$ 100.00

Total: \$ 150.00

*The application fee is non-refundable

I attached the information required by the Institute which I acknowledge to be accurate.

I confirm that I have read and will comply with the Institute's Code of Ethics.

I certify that the statements in support of my application are, to the best of my knowledge, true and complete.

I further state that I will use the professional salutatory style or designation only while I remain a member in good standing of the International Institute of Certified Forensic Accountants.

Signature: _____ Date: _____

Name of Member who referred you: _____.

Payment must be submitted with your application.

Please make your bank draft or money order payable to: Or request for our wire transfer details

Association of Chartered Certified Forensic Accountants

Access Bank Ghana

Account No. 0040222959861

Lashibi Branch, Accra

Your completed application, payment and copies of relevant certificates should be sent to:

International Institute of Certified
Forensic Accountants, Inc
Global Administrative Office
LBV 73, Comm.17, Adjacent Access
Bank, Shalom Motors, Lashibi Accra
P.O. Box NG, 515
Nungua - Accra
Ghana

[Phone:+233244709741](tel:+233244709741)

[Phone:+233263213312](tel:+233263213312)

info@iicfaglobal.com

www.iicfaglobal.com

FOR OFFICE USE ONLY

Membership #

Approval date