

THE INSTITUTE OF CHARTERED ACCOUNTANTS OF INDIA
UGANDA CHAPTER (IN FORMATION)

Please affix passport size
photograph

MEMBERSHIP APPLICATION FORM

1 Date of application: _____

2 Name of member: C.A. _____

3 ICAI Membership No.: _____
Year: _____

4 Foreign address registered at ICAI (Yes/No): _____ |

5 Physical Address: _____

6 Postal Address: _____

7 ICPAU Membership No. _____ (if a member or else state 'none') Year: _____

8 Occupation:
a) Name of Company/firm: _____

b) Designation: _____

9 Telephone contact:
Office: _____

Residence: _____

Cell: _____

10 E-mail ID: _____

SIGNATURE