



ESWATINI INSTITUTE OF ACCOUNTANTS

Regulator For The Profession Of Accountants And Auditors In Eswatini

CHARTERED ACCOUNTANT

CHECK LIST

NAME:

(tick on the appropriate box)

1. Certified copy of identification *
2. Passed final of ACCA/SAICA examination or any examination offered by an IFAC registered body *
3. Or a member in good standing of an IFAC recognised Chartered Institute
4. Five years as an Articled clerk reduced to three years if applicant is a holder of a university degree in accounting *
5. Articles of Clerkship served at:..... *
6. Letter of good standing (from employer/professional bodies etc.) *
7. Documentary evidence of qualification *
8. Employer Name:
Name:
Designation:
9. Residence Permit (if applicable) and proof of residence *
10. Proof of compliance with CPD requirements *
11. Police Clearance *
12. ITC Report *
13. Tax Clearance Certificate *



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Regulator For The Profession Of Accountants And Auditors In Eswatini
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APPLICATION FOR REGISTRATION AS A MEMBER CHARTERED ACCOUNTANT (ESWATINI)

I, the undersigned, hereby apply to be registered as a member of the Eswatini Institute of Accountants in terms of Section 9 (1) of the Accountants Act of 1985.

1. Name in full (PLEASE USE BLOCK LETTERS)

Surname: _____ Forenames: _____

Postal Address: _____

Residential Address: _____

Email Address: _____

Telephone Number: _____ Cell: _____

2. Name of Employer and position held: _____

3. Particulars of accounting qualification(s) held including name of Institute or Society under whose qualification given:

(Documentary evidence of qualification(s) held and Residence Permit (if applicable must be attached).

4. **Articles of Clerkship**: I have served articles with _____
from: _____ to: _____

5. I certify that I am a resident of Eswatini and that I am a member in good standing with my Institute/Association.

SIGNATURE

DATE

NB: Please attach all documents required in the attached Check list and also return Check list with Application form.