

REGISTERED ACCOUNTANT

CHECK LIST

NAME:

(tick on the appropriate box)

- | | |
|---|--------------------------|
| 1. Certified copy of identification * | <input type="checkbox"/> |
| 2. Passed Bcom(Acc)/AAT Final | <input type="checkbox"/> |
| 3. Or a member of ICSA or CIPFA in good standing | <input type="checkbox"/> |
| 4. Evidence of three years experience in accounting work * | <input type="checkbox"/> |
| 5. Letter of good standing (from employer/professional bodies etc.) * | <input type="checkbox"/> |
| 6. Certified copies of certificates * | <input type="checkbox"/> |
| 7. Confirmation of current employment and proof of work experience * | <input type="checkbox"/> |
| 8. Phoned current employer (ESIA to confirm) | <input type="checkbox"/> |
| Employer Name: | |
| Name: | |
| Designation: | |
| 9. Tax Clearance Certificate * | <input type="checkbox"/> |
| 10. Proof of residence or Resident Permit (if applicable)* | <input type="checkbox"/> |
| 11. Police Clearance * | <input type="checkbox"/> |
| 12. ITC Report * | <input type="checkbox"/> |