

LETTER OF GOOD STANDING DECLARATION AND CLEARANCE FORM

NAME OF MEMBER:

Name of Employer:

Contact No:

A CONTACT DETAILS

I confirm that my current contact details are as stated below and the Institute should update accordingly;

Address
.....

Cell Number

E-mail address

B SUBSCRIPTIONS

I confirm that my subscriptions with ICAZ are up to date. YES NO
(Please note that if your subs are not up to date, your LGS cannot be processed)

C CPD Hours

I confirm that I am CPD compliant and have uploaded my CPD hours on to the ICAZ website.

Yes, I am No, I am not

If your answer is no, kindly state reason why?
(Please note that you are not in good standing if you are not CPD compliant with the Institute)

I confirm that I abide by the laws and regulations of and that I uphold the Code
(State Country)
of Ethics for professional accountants. YES NO

Member's Signature and Date.....

<u>(Office Use Only)</u>	
Member is fully paid up on Subscriptions Yes <input type="checkbox"/> No <input type="checkbox"/>	Verified by; <i>Accounts Dep.</i> <input style="width: 100%;" type="text"/>
Member is CPD Compliant Yes <input type="checkbox"/> No <input type="checkbox"/>	Verified by CPD Dep. <input style="width: 100%;" type="text"/>
Member registered with PAAB Yes <input type="checkbox"/> No <input type="checkbox"/>	Verified by Registry <input style="width: 100%;" type="text"/>