

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)

<u>Accounts (Office Use Only)</u>
Member is fully paid up on Subscriptions Yes <input type="checkbox"/> No <input type="checkbox"/> Verified by; <input style="width: 150px; height: 20px;" type="text"/>
Comments.....

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 **State number of Hours Uploaded on Website**.....

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 of Ethics for professional accountants. YES NO
(State Country)

Member's Signature and Date.....