

INSTITUTE OF CHARTERED ACCOUNTANTS, GHANA Box GP 4268, Accra, Ghana. Tel: 0544-336701/2, 0277801422-4

E-mail: <u>info@icagh.com</u> website: www.icagh.org memberservices@icagh.com

POST-CHARTERED DIPLOMA PROGRAMME

All sections must be completed and returned electronically or a hard copy to the Accountancy House, Trinity Avenue, East Legon, Accra/ICAG Office, Ahodwe Roundabout, Kumasi/ICAG Office, Cape Coast Technical University, Cape Coast accompanied by the appropriate documents.

1. NAME OF APP	LICANT: [IN BLOCK	LETTERS]		Membe	ership No. (i	f any)
1.1 S	SURNAME:		1.2 OT	IER NAMES (In ful	l; not initials	s):
2. BIO - DATA						
AGE:	DATE OF BIRTH	YY / 1	AM / DD	GENDER (Tick as appropr	Male iate)	Female
3. ADDRESSES:						
	Electronic		Physical		Postal	
3.1 Postal						
	elephone:		E-ma			
	elephone		E-IIIa	···	•••••	•••••
4. EDUCATIONAL QU	UALIFICATION onal qualification					
	h original and copies of ce	rtificates)Original w	ould be returned to y	ou after vetting		

5. RECORDS OF EMPL	Name and address o	f Employer				
Present	Nume and address o	Linployer				
Occupation	Position in employment					
	Telephone:		E-r	nail:		

PROGRAMME CHOICE	 Chartered Diploma in Forensic Audit Chartered Diploma in Advanced Business Analytics Chartered Diploma in Environmental, Social and Governance (ESG) 			
REGION	Accra Kumasi		Cape Coast Tamale	_ _
6.1 Date 6.2 Signature:				

NB: FEE: GH¢ 8,100.00 per programme

PAYMENT TERMS

70% down payment before commencement date.

PAYMENT DETAILS

Payment can be made via the Payment Portal; payment.icagh.org or any of the following banks:

BANK	ACCOUNT NUMBER	BRANCH
ABSA	0000002149286	High Street
GCB Bank	1011130022905	High Street
Ecobank	1441000087856	Okponglo
Republic Bank or	0020896571018	Ebankese
Mobile money (ICAG momo)	055 796 4560	

Kindly note that no payment would be received in any of our offices.

NB: Fees paid are non- refundable

Incomplete applications will not be accepted.