

# APPLICATION FOR FELLOWSHIP

UNDER THE SCHEME EFFECTIVE – 1ST JANUARY 2012

**Membership No:**   
 Date of admission as an Associate member: 

|    |    |      |
|----|----|------|
| DD | MM | YYYY |
|----|----|------|

**1. NAME IN FULL (as in Members' Directory)**

(a) Surname .....  
 (b) Other names .....

**2. PHONE NO** Home / Mobile: ..... Office: .....

**3. PRESENT POSITION**

3.1 Name & address of employer .....  
 .....  
 3.2 Nature of business .....  
 .....  
 3.3 Designation of member .....  
 .....  
 3.4 Duration From: ..... To: .....

**4. WORK EXPERIENCE OBTAINED AS AN ASSOCIATE MEMBER**

(Repeat this format for each employer - using a fresh sheet for each employer)

Name & Address of Employer .....  
 .....  
 Nature of business .....  
 .....  
 Total number of employees ..... Average annual turnover Rs. Mn. ....  
 Number of persons reporting to you .....  
 Designation & work responsibilities in brief .....  
 .....  
 Duration From: ..... To: .....



Claiming CPD hours:

Original letters issued from the Member & Student Relations committee / Member Relations Division signed by Director Member Relations should be attached.

Proof of participation at other (Non-Institute) activities should be attached with the application.

On scrutiny of your application, if it is found that any of the activities have so far not been accredited with CPD hours by Member & Student Relations committee; you will be required to provide adequate details for consideration by the Member & Student Relations committee.

Please number the certificates / documents of participation you wish to attach in the application.

V = CPD entitlement for Verifiable activities.

N/V = CPD entitlement for Non Verifiable activities.

## 5. DECLARATION

I certify that the information given in this form is correct and I hereby make application for Fellowship of the Institute on the basis of the particulars given

.....  
Signature

.....  
Date

-----**FOR OFFICE USE ONLY**-----

**Approved / Not approved**

**Checked with records**

.....  
Chairman / Alt. Chairman  
of the Committee

.....  
Director Member Relations

.....  
Date

.....  
Date

## 6 TERMS AND CONDITIONS

1. Member should have completed a minimum of uninterrupted five year working experience as at date of application after admission to Associate Membership.
2. Include Organizational chart/ s (for employer/ s of last five years) showing in them your position. Charts must be authenticated by your immediate supervisor. Give reasons if authentication is not possible.
3. For previous employment/ s attach copy/ copies of service letter/ s.
4. Use a fresh sheet for each employer.
5. If any information is confidential and cannot be disclosed, please write 'Confidential'
6. The Council's approval to fellowship election will be notified to you in writing.
7. The Fellowship election fee Rs. 30,000/- should be made to the Institute within two months after you have received written confirmation on your election to fellowship. (Cheques should be drawn in favour of "**The Institute of Chartered Accountants of Sri Lanka**" – A/C Payee only)
8. The election to Fellowship of the Institute shall be void unless the fees are paid within two months of election, as the case may be.

This page is for member reference only; do not attach to application.

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