

APPLICATION FOR FELLOWSHIP

SPECIAL FELLOWSHIP SCHEME

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

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2. PHONE NO

Home / Mobile:

Office:

3. WORK EXPERIENCE OBTAINED AS AN ASSOCIATE MEMBER

(3.1 to 3.5 is to be repeated for each substantial change in job role/ position and attach a detailed resume with your application)

3.1 Name & address of employer

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3.2 Nature of business

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3.3 Designation of member

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3.4 Duration From: To:

3.5 Work Responsibilities in brief

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4. OTHER QUALIFICATIONS / MEMBERSHIPS OBTAINED

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5. OTHER RELEVANT INFORMATION TO SUPPORT THE APPLICATION, IF ANY
(CPD activities, working in committee, writing articles, publications etc...)

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6. DECLARATION

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

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Signature

.....
Date

7. TERMS AND CONDITIONS

1. Member should have completed a minimum of uninterrupted fifteen (15) years working experience as at date of application after admission to Associate Membership.
2. The Fellowship admission fee of Rs.30, 000/- to be paid with the application.
(Cheques should be drawn in favour of "**The Institute of Chartered Accountants of Sri Lanka**" – A/C Payee only.
3. The decision of the Council is final.

