

LESOTHO INSTITUTE OF ACCOUNTANTS

APPLICATION FOR MEMBERSHIP OF THE INSTITUTE

[In terms of the Accountants Act [No.9]1977 as amended]

Please complete in block letters

1. PERSONAL DETAILS

Name - Surname Other Name[s]..... Mr/Mrs/Miss etc.....		Sex - Male - Female
Country of citizenship:	Date of Birth:	Nationality:
Home Address: [Box No. and Street]	Business Address: [Box No. and Street]:	
Telephone – Cell - Office		E-mail address:

Job Title:

Applicable to Non Basotho only:

Date of arrival in Lesotho: <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 15%;">D</td> <td style="width: 15%;">D</td> <td style="width: 15%;">M</td> <td style="width: 15%;">M</td> <td style="width: 15%;">Y</td> <td style="width: 15%;">Y</td> </tr> </table>	D	D	M	M	Y	Y	
D	D	M	M	Y	Y		
Passport Number:	Date of expiry: <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 15%;">D</td> <td style="width: 15%;">D</td> <td style="width: 15%;">M</td> <td style="width: 15%;">M</td> <td style="width: 15%;">Y</td> <td style="width: 15%;">Y</td> </tr> </table>	D	D	M	M	Y	Y
D	D	M	M	Y	Y		
Work Permit Number:	Date of expiry: <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 15%;">D</td> <td style="width: 15%;">D</td> <td style="width: 15%;">M</td> <td style="width: 15%;">M</td> <td style="width: 15%;">Y</td> <td style="width: 15%;">Y</td> </tr> </table>	D	D	M	M	Y	Y
D	D	M	M	Y	Y		
Exemption Certificate Number:	Date of expiry: <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 15%;">D</td> <td style="width: 15%;">D</td> <td style="width: 15%;">M</td> <td style="width: 15%;">M</td> <td style="width: 15%;">Y</td> <td style="width: 15%;">Y</td> </tr> </table>	D	D	M	M	Y	Y
D	D	M	M	Y	Y		

Have you ever been convicted of any criminal offence in the court of law? If yes give details.

i) Offence.....

ii) Date and place of conviction.....

iii) Sentence imposed.....

2. EDUCATION

Please submit copies of all your educational certificates.

Name of Institution/University/College	Dates Attended From/To	Qualification Obtained	Subject Major

3. PROFESSIONAL MEMBERSHIP OR QUALIFICATIONS

Attach evidence of being fully paid up member, in good standing of:

Name of Institute	Designatory Letters	Year Admitted

4. BUSINESS DETAILS

a) **Employments Category: please indicate your current employment category.**

Industry/Commerce		Government		Parastatals	
Public Practice		Full-time Student		Education/Training	

b) **Level of responsibility:**

Partner		Director		Manager	
Senior		Clerk		Trainee	

5. WORK EXPERIENCE [Please start with the most recent employment]

PLEASE ATTACH DETAILED CURRICULUM VITAE

6. APPLICATION FOR MEMBERSHIP

[BEFORE SIGNING THIS FORM, MAKE SURE THAT YOU HAVE ANSWERED ALL QUESTIONS CORRECTLY]

I request that I be admitted as a member of the Lesotho Institute of Accountants in the class of [please tick the appropriate box]:

Chartered Accountant:

Ordinary		Attest		Practice non attest	
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General Accountant:

Ordinary		Practice	
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Technician Accountant:

Ordinary		Practice	
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7. APPLICANT DECLARATION,

I certify that I have reviewed the statements made in this application, and that they are true, complete and correct to the best of my knowledge and my belief and are made in good faith. And I further agree that if I am admitted as a member of the Institute I shall follow diligently and faithfully to the best of my knowledge and ability, the rules and regulations of professional ethics of LIA and IFAC, by submitting myself to the rules and regulations of the Institute as laid down from time to time by order of Council in terms of the powers conferred on it by the laws governing the accountancy profession in Lesotho.

Applicant's Signature.....

Date.....

FOR OFFICE USE ONLY

REC

DATE STAMP

SIGNATURE.....

Fully completed

Independent confirmation of sufficient relevant practical experience

Examinations: checked date of leaving LIA exams, or

Date equivalent exam decided upon by Exams Committee

Independent confirmation of membership of Schedule 11 Section 11 body [C.A. only]

Decision of Admissions Committee.....Date.....

Decision of Council..... Date.....

Date of Admission

NOTES ON COMPLETION OF APPLICATION FORM

1. Each question must be completed. No box should be left blank.
2. This application form deals only with application for membership. If you are applying to be a member in practice you must also complete the form "APPLICATION FOR PRACTISING CERTIFICATE".
3. This application form must be accompanied by written confirmation from current and/or previous employer detailing your relevant practical experience. The period covered by such confirmations must be sufficient to cover the period required for the class of membership applied for i.e.

Chartered Accountant	3 years
General Accountant	2 years
Technician Accountant	1 year

Previous Convictions and Misconduct:

Give details of any previous convictions for crimes and/or professional misconduct:
