



THE INSTITUTE OF CHARTERED ACCOUNTANTS OF INDIA (DUBAI) CHAPTER

MEMBERSHIP FORM - (JULY 2018 – JUNE 2019) NEW / RENEWAL

(Please cancel whichever is not applicable)

1 Name of the Member (Mr /Miss / Mrs)	(First)	(Surname)	
2 Date of Birth			
3 Address for Communication	Address :		
	Tel (O)	(R)	
	Mobile:	Fax:	
4 Email (1)			
5 Email (2)			
6 ICAI Membership Number			
7 Details of Employment /Business/Profession	Establishment Name:		
	Designation:		
8 Fee Payment Particulars	Amount - Dhs. 525/-	<input type="checkbox"/>	<input type="checkbox"/>
	Mode of Payment:	Cheque	Cash
	(Cheque should be drawn in favor of "Dubai Chapter of ICAI")		
	Cheque No:	Date :	
Drawn on Bank :			

I hereby declare that:

1. I am the member of the Institute of Chartered Accountants of India.
2. The above information is true and in conformity with the records of The Institute of Chartered Accountants of India
3. I am Residing in UAE with a valid residence visa status.
4. I am agreeable to share my contact details mentioned herein and give my consent thereto.

Date:

Signature:

You may send your duly filled form along with an A/C Payee Cheque (Only drawn on any Dubai / Sharjah Banks) to our office.

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