



# THE INSTITUTE OF FINANCIAL ACCOUNTANTS

All applications must be accompanied by the appropriate remittance for fees and additional subscription in accordance with articles 18 and 20.

Incorporated 1985 Burford House, 44 London Road, Sevenoaks, Kent TN13 1AS

## APPLICATION FOR TRANSFER

**Private & Confidential**

1 SURNAME OR FAMILY NAME		2 RANK/TITLE	3 OTHER NAMES	
4 Business Address (include name of Employer)		5 Correspondence Address		
Postcode:		Postcode:		
Tel. No:		Tel. No:		
6 EXAMINATION SUCCESSES. Particulars of examinations passed since admission as Associate.				
7 Nature of Business	8 Date of Birth	9 Age	10 Nationality	
11 Job Title			12 Date of Commencement	

I hereby apply for transfer from Associate to Fellow of the Institute of Financial Accountants and have been employed in a senior accounting position for a minimum period of five years. I certify that all the statements in support of my application are, to the best of my knowledge, true and complete. I declare that I have not been debarred from membership of any other accountancy body.

Signature	Date
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In countries where applicable: Your National Registration Identity Card number.....

Both pages of this form must be completed and accompanied by confirmation of date of commencement and description of the applicant's present appointment, set out on the employer's letterheading. Additional information may be furnished, if necessary, in a covering letter. Transfer applications will be processed only if the current year's Associate subscription has been paid.

### FOR OFFICE USE ONLY

DUE	SUBS	FEES	OTHER ITEMS
TOTAL REC'D	BATCH No.		
DATE REC'D	NOTIFICATION	CERT	
COMMITTEE DATE (F30)	GRADE	INITIALS	

ADDITIONAL NOTES
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Office Approval	No.	Applicant please tick each item dealt with.
	1	Correct remittance sent
	2	Employer's letter enclosed
	3	Sponsor's signature
	4	Employer's signature
	5	Associate sub. paid

This form must be returned with the appropriate remittance to:  
 The Membership Officer, Institute of Financial Accountants, Burford House,  
 44 London Road, Sevenoaks, Kent TN13 1AS. Tel: (0732) 458080 Telex: 957469 IFA G

Member-ship No.	<b>C</b>
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# PLEASE USE BLOCK CAPITALS

EMPLOYMENT IN SENIOR ACCOUNTING CAPACITY - Commencing with present Employment

Year	Name and Address of Employer	Appointment Held	Annual Salary	No. of Subordinate Staff

Particulars of duties performed in senior accounting position

If insufficient room above please continue on separate sheet.

<p><b>SIGNATURE OF EMPLOYER</b> In addition to signing this form the employer is asked to furnish a supporting letter confirming the date of appointment in a senior accounting position together with a job description of the applicant's present appointment.</p> <p>Signed _____</p> <p>Date _____</p>	<p>I give my permission for my personal details to be divulged at the request of a bank manager or prospective employer</p> <p>Signed _____</p>	<p>All applications must be accompanied by a remittance of</p> <p>£ _____</p>
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**FOR OFFICE USE ONLY**

NOTES	CASH ENTRY	OTHER ENTRY