**APPLICATION FOR A DUPLICATE LETTER CONFIRMING SUCCESSFUL COMPLETION EXAMINATION OF**

# THE SOUTH AFRICAN INSTITUTE OF CHARTERED ACCOUNTANTS

Complete the form in block letters and sign/date: E-mail your application

to support@saica.co.za

## PARTICULARS OF APPLICANT

IDENTITY NUMBER / PASSPORT (give date of birth in case of passport)

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SURNAME (as per ID book)

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FIRST NAME (as per ID book)

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MAIDEN NAME (in case of change of surname after marriage)

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PHONE CELL:

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PHONE OFFICE:

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EMAIL:

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## EXAMINATION DETAILS

SELECT IF LETTER IS NEEDED ☑ AND COMPLETE

| ITC (Part I QE) | YEAR DONE | SAICA ID |
|---|---|---|
|  |  |  |

SELECT IF LETTER IS NEEDED ☑ AND COMPLETE

| APC (Part 2) | YEAR DONE | SAICA ID |
|---|---|---|
|  |  |  |

## DECLARATION

I declare the information on this application is true and correct and I hereby grant permission to SAICA to issue a duplicate letter in my name.

_____          _____

DATE                                     SIGNATURE