



**INSTITUTE OF
SINGAPORE
CHARTERED
ACCOUNTANTS**

To: Member Services Division
60 Cecil Street
ISCA House
Singapore 049709
Tel: 6597 5533

Email: membership@isca.org.sg

Name: _____

Membership ID: _____

Email: _____

Contact No.: _____

Address: _____

Tick where appropriate:

Payment For

1. Membership Application

Affiliate Associate CA (Singapore) CA (Singapore) who is a Public Accountant

2. Registered Mail of Certificate

Local (\$8.00) Overseas (\$20.00)

3. Reinstatement

Cheque Details

Cheque No. : _____ (payable to Institute of Singapore Chartered Accountants) Amount: S\$ _____

Please indicate your name, Membership ID and contact number behind the cheque and mail to the address stated above.

Credit Card Details

I, hereby authorize Institute of Singapore Chartered Accountants to charge to my credit card of which the details are given below.

Credit Card: VISA MasterCard AMEX

Credit Card No: _____ - _____ - _____ - _____

Card Expiry Date: ____/ ____ (MM/YY)

Cardholder's Name: _____

Cardholder Signature: _____ Amount: S\$ _____

I confirm that I have read and I agree to (i) the Terms of Use (<http://isca.org.sg/terms-of-use/>), and (ii) the Privacy and Data Protection Policy (<http://isca.org.sg/privacy-and-data-protection-policy/>) which sets out how my personal data will be collected, used, disclosed and processed by the Institute of Singapore Chartered Accountants and the purposes of processing.

Member's signature/Date

For Official Use:

Receipt no: _____ Remarks: _____