

Concession Subscription Application

(under By Laws 53 and 54)



Please fill in your **Identification Number**, if known (please use a **BLACK** pen)

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Please complete **ALL** the sections (1 – 6) below, and return the application with payment to the Institute's office (see page 3 for contact details). **Please print in BLOCK LETTERS.**

Section 1 – Personal details

Title Mr Mrs Miss Ms Dr

Given name/s (in full)

Family name Preferred name

Date of birth / /

Section 2 – Contact details

1. Personal contact details

Street address

State Postcode Country

PO Box address

State Postcode Country

Email (home)

Phone (home) Fax (home)

Mobile

2. Business contact details

Company name

Position in company

Street address

State Postcode Country

PO Box address

State Postcode Country

Email (work)

Phone (work) Fax (work)

3. Preferred contact details

Postal address: Home street address Home PO Box address

Business street address Business PO Box address

Email address: Home Business



Section 3 – Subscription rate

Please note that the reduction in subscription fees are not automatically granted. You are required to provide sufficient details of the reasons for your application to assist Customer Transactions to make a decision on your application. Should you require any assistance, please refer to regulation R5. **Please note:** Members may not apply for concession fees retrospectively.

Level of earnings

| Category | Conditions | Rate \$ | |
|--|---|------------------------------|------------------------------|
| | | Australia (incl. 10% GST) | Overseas (no GST applied) |
| Low income | Earning less than \$29,000 from personal exertion | 420.00 | 381.82 |
| Career break | Nil income from personal exertion | 84.00 | 76.36 |
| Retired or permanently incapacitated and receives no income from personal exertion | Permanently unable to practice your profession | 84.00 | 76.36 |
| Hardship | Institute discretion | Nil | Nil |
| 50 years membership, OR 75 years of age | Membership must be continuous for 50 years, OR Member must be 75 years of age | Nil | Nil |

I confirm that my earnings / expected earnings from personal exertion for the **financial year:**

to is \$

Section 4 – Reasons for application

Please provide a **detailed** description for the reason for your application. If there is insufficient space, please attach an additional page.

Applicant's name

Applicant's signature

Date / /

Section 5 – Payment details

Fees:

Please cross the applicable box.

| Categories | Australia (AU\$) (incl. 10% GST) | Overseas (AU\$) (no GST applied) |
|--|-------------------------------------|-------------------------------------|
| Low income | <input type="checkbox"/> \$420.00 | <input type="checkbox"/> \$381.82 |
| Career break | <input type="checkbox"/> \$84.00 | <input type="checkbox"/> \$76.36 |
| Retired, OR permanently incapacitated and receives no income from personal exertion | <input type="checkbox"/> \$84.00 | <input type="checkbox"/> \$76.36 |
| Hardship | <input type="checkbox"/> Nil | <input type="checkbox"/> Nil |
| 50 years membership, OR 75 years of age | <input type="checkbox"/> Nil | <input type="checkbox"/> Nil |

Payable by:

- Cheque/Bank draft (payable to the Institute of Chartered Accountants in Australia)
 Amex Visa MasterCard Diners Club

Card number

/ /

Expiry date

/

CVV/CSC no.

Card holder name

Card holder signature

Terms and Conditions

The Institute of Chartered Accountants does **not accept cash** payments. Payment methods accepted include cheque, EFTPOS and credit cards. A dishonour fee of **\$25** will be charged for each cheque that is not cleared or honoured by the bank or financial institution.

By submitting this form to the Institute of Chartered Accountants in Australia you acknowledge that you agree to the Terms and Conditions.

Section 6 – Checklist

- Completed **all** the sections of application form.
 Detailed information provided on reason for application.
 Payment authorised/attached (if applicable).

Section 7 – Submitting your application form

Application form

Please submit your completed application **with payment** to:

| | |
|------------------|--|
| Mail | Customer Transactions Team The Institute of Chartered Accountants in Australia GPO Box 9985, Sydney 2001 Australia |
| Fax | +61 2 9262 1298 |
| Email | service@charteredaccountants.com.au |
| In person | |
| ACT | L10, 60 Marcus Clarke Street, Canberra |
| NSW | 33 Erskine Street, Sydney |
| Qld | L32, Central Plaza One, 345 Queen Street, Brisbane |
| SA | Westpac Building, L29, 91 King William Street, Adelaide |
| Vic | L3, 600 Bourke Street, Melbourne |
| WA | L11, 2 Mill Street, Perth |

OR

Submit by email

Click the **'Submit by email'** button to email this form to service@charteredaccountants.com.au

For further enquiries or additional information please contact the Chartered Accountants Service Centre on:

| | |
|--------------|--|
| Web | charteredaccountants.com.au |
| Phone | |
| Australia | 1300 137 322 |
| Overseas | +61 2 9290 5660 |
| Fax | +61 2 9262 1298 |

Privacy statement

The Institute of Chartered Accountants in Australia respects the privacy of individuals and acknowledges that the information you provide on this form is 'personal information' as defined by the Commonwealth *Privacy Act*. The information is being collected for the purpose of processing your application. The provision of this information is voluntary, but if it is not provided the Institute may be unable to process your application. If your application is successful, the information will also be used for the purposes listed in the Institute's privacy policy – a copy of which is at charteredaccountants.com.au/privacy_policy

ABN 50 084 642 571 The Institute of Chartered Accountants in Australia Incorporated in Australia Members' Liability Limited. FORMS_CT-22 (05/12)