

The Institute of Chartered Accountants in Australia
Replacement of Assessment Letter



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

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Please complete **ALL** the sections (1 – 4) below, and return the application with payment to the Institute’s office (see page 2 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*
*If your name is different to those on your documents, please provide evidence of name change.

Date of birth Country of birth

Postal address Town/City

State Postcode Country

Email

Phone Fax

Mobile

Please note: If a migration agent or authorised person was previously nominated, we will require a letter confirming that they no longer act on your behalf.

Section 2 – Reason for Replacement of Assessment Letter (please attach additional page, if insufficient space)

Section 3 – Declaration and privacy statement

I declare that the information I have given in this application is complete, correct and up-to-date.

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

Applicant’s signature

Date

Section 4 – Payment details

Fee payable: AU\$50

Payable by: (refer to Terms and Conditions, page 2)

Cheque/Bank Draft (payable to the Institute of Chartered Accountants in Australia)

Amex Visa MasterCard Diners Club

Card number

Expiry date

Card holder name

Card holder signature

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Section 5 – Submitting your application form

Application forms / Supporting documents

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
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	Ground Floor, BGC Building, 28 The Esplanade, 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:

Website	charteredaccountants.com.au
Phone Australia	1300 137 322
Overseas	+61 2 9290 5660
Email	service@charteredaccountants.com.au

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.

ABN 50 084 642 571 The Institute of Chartered Accountants in Australia Incorporated in Australia Members' Liability Limited. FORMS_CT-18 (08/11)