

Consent Form for the Formation and Establishment of ICAI Representative Office/Chapter of ICAI

To,

The Secretary,
The Institute of Chartered Accountants of India
Post Box No – 7100, Indraprastha Marg
New Delhi – 110 002

Dear Sir,

I hereby give my consent to the formation and establishment of Representative Office/ Chapter of the Institute of Chartered Accountants of India in _____ (Name of Country, City).

Full Name as per ICAI Records:	
ICAI Membership Number:	
Status of ICAI Membership (should be Active):	
Complete Professional Address (should be of local jurisdiction):	
Mobile No:	
Email Address:	

We hereby confirm that as per mandatory requirements we have the Active Membership of ICAI and professional address updated at the Self Service Portal (SSP) Portal of ICAI.

Signature of the Member
(as per ICAI Records)

Guidelines for formation of ICAI Representative Office	https://resource.cdn.icai.org/59469iaicai48380.pdf
Guidelines for formation of ICAI Chapter	https://icai.org/new_post.html?post_id=1372
Guidelines for Accessing SSP Portal	https://www.icai.org/new_post.html?post_id=15755

Members can send their Consent Forms to ia@icai.in. For More information/clarification/issues, please contact ia@icai.in; dubaioffice@icai.in; foreigndesk@icai.in