EMPLOYER'S DECLARATION FOR INTERNATIONAL ASSOCIATES

This form needs to be filled in by the Employer of the person applying for International Associate membership. It needs to be uploaded as part of the supporting documentation required at application stage.

I: _____ **Holder of ID No:** _____

Representing and acting on behalf of: _____

Address: _____

Telephone: _____ **Email Address:** _____

hereby confirm that this applicant meets the listed eligibility criteria to join the Institute as an International Associate.

Name of Applicant: _____

Passport No: _____ **Residency Card No:** _____

a) is a person of good standing;
b) has attained a professional accountancy qualification or equivalent conferred by a professional body or a degree issued by an educational institution (other than those specified for AIA membership);
c) is a member of a professional accountancy/audit body in the country of origin or otherwise which is a member of IFAC;
d) has a valid work permit (where applicable);
e) is in employment and undertaking accountancy/audit related work in Malta; and
f) at the time of submission of the application resides in Malta and intends to so reside until the end of that same calendar year or indefinitely.

By signing this form, I hereby:
Declare that the above information is true and correct; and
Give my consent to the Malta Institute of Accountants to contact me with regards to the registration and administration of membership of this applicant.

Name and Surname: _____

Designation: _____

Signature: _____ **Date:** _____