



The Institute of Chartered Accountants of India
Western India Regional Council

COMMON ENROLMENT FORM

Name: _____ Mem. No / Students Reg no.: _____

GSTN No. _____ Address: _____

City: _____ Pin code: _____

Mobile: _____

Email: _____

Cheque/DD No.: _____ Dated: _____

Drawn On: _____ Amount: _____

Name & Date of Seminar / Conference:

- 1) _____
- 2) _____
- 3) _____

Cheque / DD should be drawn in Favour of "WIRC OF ICAI" and send it to ICAI Tower, 8th Floor, Plot no C-40, G Block, Opp MCA Ground, Next to Standard Chartered Bank, Bandra Kurla Complex, Bandra (East), Mumbai-51.

Important Note: 1) Please note that once you have enrolled for any WIRC Event, any cancellation request has to be e-mailed to wircevents@icai.in till the date of event only.

2) No cancellations/refunds requests shall be entertained after the completion of the event.

Signature of the Member

-----xxx-----cut from here-----xxx-----

Acknowledgement Slip

**The Institute of Chartered Accountants of India
Western India Regional Council
(GST no. 27AAAAT7798M1ZJ)**

We acknowledge the receipt of Rs. _____ for the "SEMINAR /CONFERENCE ON _____" on DATE _____ From

Mr./Ms. _____ (Member No / Students Reg no _____) through

Cheque no. _____ Bank Name _____

Official Signature