

## FOR ATTENTION OF MEMBERS

### PROCEDURE FOR CHANGE OF ADDRESS & OTHER PARTICULARS

Members are requested to check their status from the option **Members -> Member Details -> Search Details & Check Dues** from the website [www.icwai.org](http://www.icwai.org) and inform the Institute with respect to the following:

1.	In case of any change in the <b>professional address and other particulars</b> , the same is to be intimated through a signed hard copy preferably in the format <b>(Format “A” – Please see Annexure I)</b> given below to:	Shri Pradipta Gangopadhyay Deputy Director (Membership) The Institute of Cost Accountants of India 12, Sudder Street Kolkata – 700 016.  The signed intimation may also be sent by fax to no. 033-22521723. Otherwise, a scanned file of the signed intimation may be sent to e-mail address: <a href="mailto:membership.pradipta@icwai.org">membership.pradipta@icwai.org</a>
2.	If the <b>journal mailing address</b> is desired to be changed as per the professional address, the intimation in <b>(Format “A” – Please see Annexure I)</b> is also to be made to:	Shri Pradipta Gangopadhyay Deputy Director (Membership) The Institute of Cost Accountants of India 12, Sudder Street Kolkata – 700 016.  The signed intimation may also be sent by fax to no. 033-22521723. Otherwise, a scanned file of the signed intimation may be sent to e-mail address: <a href="mailto:membership.pradipta@icwai.org">membership.pradipta@icwai.org</a>
3.	In case of any change in the <b>journal mailing address only</b> , the same is to be intimated through a signed hard copy or by e-mail preferably in the format <b>(Format “B” – Please see Annexure I)</b> given below to:	Shri Arpan Banerjee Assistant Director (S) (Journal) The Institute of Cost Accountants of India 12, Sudder Street Kolkata – 700 016. e-mail: <a href="mailto:rnj.arpan@icwai.org">rnj.arpan@icwai.org</a>

## ANNEXURE I

### Format “A”

CHANGE OF ADDRESS & OTHER PARTICULARS IN THE LIST OF MEMBERS			
IN BLOCK LETTERS	NAME IN FULL :		
	MEMBERSHIP NO. :		
	QUALIFICATION :		
	ADDRESS :		
	CITY :		
STATE :			
	PIN CODE :		
	PHONE NO. (OFFICE) :		
	PHONE NO. (RESIDENCE) :		
	PHONE NO. (MOBILE) :		
	FAX NO.		
	E-MAIL (OFFICIAL):		
	E-MAIL (PERSONAL):		
	SIGNATURE OF MEMBER :		DATE: <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span>

**NOTE :** PLEASE INDICATE **N.A.**, IF ANY OF THE COLUMNS IS NOT APPLICABLE.

### Format “B”

CHANGE OF ADDRESS IN THE JOURNAL MAILING LIST			
IN BLOCK LETTERS	NAME IN FULL :		
	MEMBERSHIP NO. :		
	QUALIFICATION :		
	ADDRESS :		
	CITY :		
STATE :			
	PIN CODE :		
	SIGNATURE OF MEMBER :		DATE: <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span>

**NOTE :** PLEASE INDICATE **N.A.**, IF ANY OF THE COLUMNS IS NOT APPLICABLE.