

August 8, 2022

**Payment of Membership Fee and updation of Professional address**


Members are kindly aware that the fee for the year 2022-2023 has become due and payable on 1<sup>st</sup> April, 2022. The amount of Annual Membership fee is payable (along with 18% G.S.T) for which letters have been sent to all members by Post detailing dues along with Note mentioning ways to pay such fees.

Members are requested to clear their membership dues immediately and not later than 30<sup>th</sup> September, 2022, the last date of payment as per Regulations 7(6) & 7(7) of the Cost and Works Accountants Regulations, 1959 as amended. Moreover, the Elections to the Council and Regional Councils are scheduled to take place in 2023. **Unless the membership dues are cleared on or before 30<sup>th</sup> September, 2022, members will not be eligible to cast their vote in the forthcoming Elections to the Council and Regional Councils scheduled to be held in 2023 in terms of Rule 5 of the Elections to the Council Rules, 2006, as amended.**

If there is any change in professional address which members may desire to be published in the list of voters for Elections to the Council and Regional Councils, 2023, members may please intimate the same by filling up the format provided with the communication. The signed form may please be sent to us at "Membership Dept., CMA Bhawan, 12, Sudder Street, Kolkata – 700016" or by email (scanned copy) at [membership.response@icmai.in](mailto:membership.response@icmai.in) so as to reach us on or before 30<sup>th</sup> September, 2022. Professional address and other details can be checked by members after login to the link: <https://eicmai.in/MMS/Login.aspx?mode=EU> (login => Members details + Dues/Receipts => Status)

(Kaushik Banerjee)  
Secretary

**FORMAT FOR CHANGE IN PROFESSIONAL ADDRESS :**

	<b>THE INSTITUTE OF COST ACCOUNTANTS OF INDIA</b> (STATUTORY BODY UNDER AN ACT OF PARLIAMENT) <b>FORMAT FOR CONFIRMATION OF PROFESSIONAL ADDRESS</b> <i>[This Format will not be processed if (*) marked fields are not filled in] [Fill in Capital Letters]</i>

Membership No. *		Date of Birth *							
Category (Associate/Fellow)			Day	Month	Year				
Salutation	Mr. / Mrs. / Ms. / Dr.	<b>FULL NAME OF THE APPLICANT</b>							
First *									
Middle									
Last *									
Father's Name									
Mobile *				Email *					

Professional Address	Company				Designation				
	Line 1*								
	Line 2								
	Line 3								
	Line 4								
	City *				State			Pincode *	
	ISD Code		STD Code			Phone No.			

Place :

Date :

\_\_\_\_\_  
(Signature of Member)