**Professional Reference**

Certified Bookkeeper Application

Applicant’s Details

|  |  |
| --- | --- |
| **Full Name** |  |
| **Membership no.** |  |

Referee’s Details

To support the application for Certified Bookkeeper membership, you are required to obtain a reference from a person who works with you in a professional capacity ie. a client. Please ask this person to complete this section.

|  |  |
| --- | --- |
| **Full Name** |  |
| **Position** |  |
| **Company Name** |  |
| **Email** |  |
| **Phone** |  |

I confirm that (please tick):

* The applicant works in a professional bookkeeping capacity in New Zealand
* I have worked with the applicant in a professional capacity for a period longer than 6 months
* I support the application for the above-mentioned applicant to be awarded Certified Bookkeeper membership with the Institute of Certified NZ Bookkeepers
* I believe the applicant to be professionally competent and that he/she is of good reputation and a fit and proper person to hold Certified Bookkeeper status
* I confirm that I am not related to the applicant and that the information supplied above is true.

|  |  |
| --- | --- |
| **Signature** |  |
| **Date** |  |