

CPA Sri Lanka Approved Employer Scheme Registration Form



Are you applying for pre or post membership?

If pre, which qualifications do you provide learning and development for?

If post, what stream do you provide learning and development for?

- ☐ CPA Professional Qualification ☐ Practising certificate development
☐ Professional development

Organisation's postal address

Please provide the title, name, position, telephone number, and email address of the person who will be your primary contact; a secondary contact is also recommended.

1 Title	Name
<hr/>	
Position	
<hr/>	
Tel number	
<hr/>	
Email address	
<hr/>	

2 Title	Name
<hr/>	
Position	
<hr/>	
Tel number	
<hr/>	
Email address	
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Is your organisation in the corporate sector, public practice, or public sector?

- If corporate sector, what category describes the work your company does? _____
- If public practice, what services does your organisation provide, how many clients do you have, and what is your recognised supervisory body? _____
- If public sector, what services does your organisation provide? _____

Number of people who are:

Employees	Directors or partners	Finance employees
<hr/>	<hr/>	<hr/>

The Institute of Certified Public Accountants of Sri Lanka
126 Kirula Road, Colombo 5
Tel: 94(011) 2368817/2368823
email: cpasrilanka@sltnet.lk info@icpasrilanka.com AEP@icpasrilanka.com

How many CPA Sri Lanka members and trainees do you have, and in which category are they?

Professional scheme – trainees	CPA Sri Lanka members

If your staff hold qualifications from any other accounting organisations, please state which, and whether they are registered as trainees or members?

Are you applying on behalf of a single department or function, a single office, a number of offices, or an entire organisation?

- ☐ Single department or function
- ☐ Single office
- ☐ A number of offices
- ☐ An entire organisation