

# **INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS**

## 126, KIRULA ROAD, COLOMBO 05, SRI LANKA

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# **APPLICATION FORM**

OFFICE USE ONLY: STUDENT / FOUNDER MEMBERSHIP NO	<b>OFFICE USE ONLY: STUDENT</b>	/ FOUNDER MEMBERSHIP NC	)
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DATE OF APPROVAL -----

PLEASE COMPLETE ALL SECTIONS IN BLACK INK AND BLOCK CAPITALS

### Section 1 GENERAL INFORMATION

Title (Insert Mr,	Mrs, Miss, Ms, or specify if other)	
Surname/Family	y name	
Forename(s)		
Mailing address	Generation of the second se Including company name, if using business addre	ess)
Postcode		
Country		
Tel. no.		Fax no
E-mail address		
Date of Birth	(DD/MM/YYYY)	NIC no
Gender (√)	Male Female	
Nationality		

#### **Data Protection**

ICPA may disclose the following personal data to third parties:

- (a) Name, address, date of birth, examination details to recruitment agencies, current and prospective employers, educational or professional bodies,
- (b) Name and confirmation of successful examination results to publications and

(c) Name and address to third parties for marketing purposes.

If you do not wish such disclosures to be made, please indicate by ticking this box () ICPA

#### **Variant Papers**

A number of papers, normally those which include references to tax, law, International Accounting and Auditing standards may be adapted in accordance with the candidate's own country specifications.

Please indicate your choice

Please check that tuition is available for your preferred options before selection as you will be required to sit all relevant papers throughout your studies in accordance with your chosen stream.

### **Source of Introduction**

Please indicate how you were introduced to the ICPA - ( $\sqrt{}$  one only).

ICPA Promotional Ever	nt/Literat	ure	()
Colleague	()	Careers	()
Tutor/Lecturer	()	Family/Relatives	()
Employer	()	Web Site	( )

### Section 2 EMPLOYMENTS

Please complete this section irrespective of your present type of employment

If you require any points of clarification on the types of work you are permitted to undertake, you MUST CONTACT the Training Department. If you are currently unemployed, please indicate below in the Employment Category.

Date	Name & Address of Employer	Position	Period of Employment	Duties

ICPA	<u> </u>	

### **Employment Category**

Please indicate your current employment category ( $\sqrt{}$  one only).

Industry Full time student	( ) ( )	Commerce Unemployed	ł	()	Public S Others	ector	( ) ( )
Please indicate whether Accounting/finance relat			of an Yes	()	No		()
Number of employees	(√)	01 – 10	()	11 – 25	()	26 – 50	()
		51 - 250	()	251 – 500	) ()	Over 500	()

### Training

Please provide the name of your Training Manager (or Supervisor)

Name	-
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Title -----

### **Section 3 EDUCATIONS**

Please submit copies of all your educational certificates and also enclose official translations if your certificates are not in English.

### School Certificates

Name of Examining Board	Subjects	Level	Grade	Date of award

**ICPA** 

### MS (Mature Student)

If you do not meet the minimum entry requirements and are aged 21 or over you will automatically be considered as a mature student. Please indicate below if you do not wish to be considered for entry under this route.

I DO NOT wish to be considered for admission as a MS ()

### Further Education and Exemptions - Degrees/Diplomas/Certificates/Professional Qualifications

Your eligibility for exemptions will be considered on the basis of the information and documentation you provide. If your qualification is relevant to the CPA examinations (e.g. a degree in accountancy) please enclose an official transcript stating all subjects passed during your course of studies.

University/College Polytechnic Professional Body	P* F*	Qualification	Subjects	Course Duration	Date Awarded/ to be awarded

P\* Passed F\* Failed

Please ensure all relevant documentation is enclosed with this form.

### Section 4 FEES

The registration fee is Rupees 3,500.00. If your application is rejected on grounds other than for false or misleading information, your fee will be returned to you. Payment can be made by a crossed cheque / cash or bank transfer.

The annual subscription is due on 1January of each year.

ICPA	

### Section 6 DECLARATION

I agree that in consideration of ICPA registering me as a student, I shall comply with Bye-laws, Regulations and Rules of Professional Ethics which are in force from time to time. While registered I will promptly bring to ICPA's attention any event which will make me liable to disciplinary action.

I declare that the information given in this form is correct and I hereby apply for registration as a student of ICPA.

Signature and Date	D	D	Μ	Μ	Υ	Υ

### CHECKLIST

Please ensure that this application is completed correctly, signed the declaration and return it to the Institute together with the correct fees and the following documents:

- Birth Certificate or copies of the relevant pages of your passport,
- Marriage or Deed Poll Certificate, if your name differs from that stated on your Birth Certificate,
- Educational and/or Professional certificates in support of your application,
- A passport sized photograph with your name clearly printed on the reverse and
- Registration fee Rupees 3,500.00. (overseas applicants should add Rupees 1,750 extra for overseas processing fee)

### PLEASE DO NOT ENCLOSE ORIGINAL DOCUMENTS

FOR OFFICE USE ONLY

DD MM YY

Initials

REG DATE

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ASSESSOR

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## **REMARKS/OTHER RELEVANT INFORMATION:**