



Photo
4x6

APPLICATION FORM FOR APPLYING AS INDIVIDUAL MEMBER

1 CHOICE OF MEMBERSHIP

I applied for:

- Active Member Affiliate Member Student Member

2 PERSONAL DETAILS

First Name.....Middle Name.....Last Name.....

Nationality.....Date of Birth.....Place of Birth.....

Title: Mr. Ms. Dr. Other (Please specify).....

ID #.....Passport #.....

Marital Status: Single Married

Tel:.....Personal Email.....

Resident Address.....

.....

.....

Contact Address.....

.....

.....

3	QUALIFICATIONS
<p>Academic Qualifications</p> <p>Undergraduate.....Postgraduate.....</p> <p>Other.....</p> <p>Professional Membership</p> <p>Please indicate the professional body or bodies of which you are a member:</p> <p>Name of Institute.....</p> <p>Admission Date.....</p> <p>Name of Institute.....</p> <p>Admission Date.....</p>	

4	CURRENT EMPLOYMENT
<p>Company Name:.....Position:.....</p> <p>Company Address:.....</p> <p>.....</p> <p>Tel:.....Fax:.....</p> <p>Email:.....Contact Person:.....</p>	

5	EMPLOYMENT CATEGORY
<p>Which best describes your organisation? <input type="checkbox"/> National <input type="checkbox"/> International</p>	

PUBLIC PRACTICE

If you work in Public Practice, please complete the Job Categories and Number of Partners/ Directors by inserting a tick in the relevant boxes:

Job Category

- General practicing services Audits Information Technology

Number of Partners/ Directors

- Sole Practitioner Between 2-10 Between 11-50 More than 50

BUSINESS CATEGORY

- | | | |
|--|--|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Chemical Petroleum | <input type="checkbox"/> Computer Service |
| <input type="checkbox"/> Construction/ Civil Engineering | <input type="checkbox"/> Distributive trade | <input type="checkbox"/> Education/ training |
| <input type="checkbox"/> Electronic | <input type="checkbox"/> Food/ Drink/ Tobacco | <input type="checkbox"/> Government/ Statutory Body |
| <input type="checkbox"/> Hotel/ Catering/ Leisure | <input type="checkbox"/> Insurance/ Banking/ Finance | <input type="checkbox"/> Consultancy/ Media |
| <input type="checkbox"/> Mechanical/ Automotive/ Engineering | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Shipping/ Transport | |
| <input type="checkbox"/> Other (please specify)..... | | |

Job Category

- | | | |
|--|--|--|
| <input type="checkbox"/> External Auditing | <input type="checkbox"/> Financial Accounting | <input type="checkbox"/> Company Secretarial |
| <input type="checkbox"/> Internal Auditing | <input type="checkbox"/> Management Accounting | <input type="checkbox"/> Taxation |
| <input type="checkbox"/> Management Information System | <input type="checkbox"/> Financial Management | |
| <input type="checkbox"/> Other (please specify)..... | | |

Size of Organization

- Between 1 – 20 staff Between 21 – 100 staff More than 100 staff

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DECLARATION

Please answer the following questions by ticking in the boxes at the right hand side where appropriate. For any "Yes", please details in the space below. Please attach a separate sheet if more space is required.

- have you ever been convicted of any criminal offence? Yes No
- have you ever been a subject of any investigation by governmental, statutory or professional in respect of any offence involving dishonesty or any complaint for professional misconduct Yes No

- you have ever been refused entry to any professional body or have your membership or registration with such body terminated or suspended? Yes No
- have you been a member of KICPAA previously? Yes No
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I declare that the information provided in this application is true to the best of my knowledge and belief. I understand that any false or misleading statement in this form could lead to disciplinary action being taken against me and/or may invalidate any decision reached on this application. I shall observe and abide by the KICPAA's By-Law and Code of Ethics if I am admitted as a member of KICPAA.

Signature: _____ Date: _____

NB: Registration as a member of the KICPAA is subject to the final decision of the Registration Committee. Please allow up to three months for the application to be processed (if you do not receive any reply after three months, please contact KICPAA's Secretariat at the contact details provided below.

7 FEES

Application Fee

The application fee is payable to the KICPAA and must accompany this application. The application fee is not refundable.

Application Fee for Active and Affiliate Member: USD 100
 Application Fee for Student Member: USD 10

Annual Membership Fee

The annual membership fee is due upon approval of your membership by the Registration Committee. The membership fee is payable on an annual basis thereafter.

As at 15 December 2011, KICPAA has changed its annual membership subscription fee as follows:

No.	Individual Membership Category	Annual Fee (USD)	
		Local	Foreign
1	Active	150	300
2	Affiliate	100	100
3	Student	10	10

8 APPLICATION DIRECTION

Application will only be processed if the application is completed and signed, with all supporting documents and fee payment attached. Kindly ensure that you have:

- a. Attached 1 (4 x 6) Photo
- b. Certified true copies of your academic and professional certificates
- c. Official translations of any documents not in Khmer or English
- d. Updated C.V in detail
- e. A note from institute stated that currently you are still holding outstanding membership or has not been revoked or suspended
- f. A copy of your passport or an Identification Card

For enquiries, please contact KICPAA Secretariat at (855) 23 990 664 or by email: kicpaa@kicpaa.org.kh

9 RETURN ADDRESS

Please send your completed application with payment to:

KICPAA Secretariat,
Kampuchea Institute of Certified Public Accountants and Auditors (KICPAA)
Address: Ministry of Economy and Finance, Street 91, Sangkat Wat Phnom, Khan Daun Penh, Phnom Penh, Cambodia

Telephone: (855) 23 990 664 Email: kicpaa@kicpaa.org.kh Website: www.kicpaa.org.kh

FOR OFFICE USE ONLY	
Application Number	
Received Date	
Payment of Application	
Approved Date	
Membership ID	