



ANNUAL MEMBERSHIP RENEWAL FORM MEMBER FIRM

The Kampuchea Institute of Certified Public Accountants and Auditors collects the information from its members using the Annual Renewal Form sent to members as part of the annual review package. The Form must be carefully completed, signed, and returned to the KICPAA Secretariat on 30th December each year. Failure to provide this form or the information requested within could result in suspension of registration. It is the responsibility of every MEMBER FIRM to ensure the Institute has its current mailing address on file. MEMBER FIRMS are required to advise the Institute of their change of address within 30 days of the change and email this change to the KICPAA Secretariat.

- The Form must be completed by a firm representative;
- Use a BLACK or BLUE ink pen;
- The Form must be completed in full and signed; otherwise it will be returned to you as incomplete;
- It is professional misconduct to make a false or misleading report to the KICPAA Secretariat

Once completed sent to:

KICPAA Secretariat

Street 92, Sangkat Wat Phnom, Khan Daun Penh,
Phnom Penh, Cambodia

(Ministry of Economy and Finance compound)

Tel: (855) 23 990 664

Email: kicpaa@kicpaa.org.kh

Att: **Savuth Daly** (Ms)

FIRM DETAILS

Firm's Name:

Nature of Firm: Audit Accounting Taxes Other related Services

Date of Registration:

Registration No:

Mailing Address:

Email:

Telephone:

Fax:

Number of staff who are non-members of KICPAA:

Number of staff who are members of KICPAA:

Active

Affiliate

Student

CONTACT DETAILS

Name of the Contact:.....

Email:.....

Telephone:..... Fax:.....

COMPOSITION OF FIRM

A. Partners/Directors

Name:

Nationality:

Membership No.

Date of Admission:

Email:

Tel:

Fax:

(Please list all partners/directors in separate sheet if the firm has more than one partner/director as an attachment).

B. Shareholders (not applicable to Sole Practitioner)

Name: _____ % of Share held: _____ Nationality: _____

Email: _____ Tel: _____ Fax: _____

Name: _____ % of Share held: _____ Nationality: _____

Email: _____ Tel: _____ Fax: _____

Name: _____ % of Share held: _____ Nationality: _____

Email: _____ Tel: _____ Fax: _____

(Please list all shareholders in separate sheet if the firm has more than one partner/director as an attachment).

C. Auditor Report Authorised Signatory

Name: _____ Nationality: _____ Position: _____

Membership No. _____ Date of Admission: _____

Email: _____ Tel: _____ Fax: _____

Name: _____ Nationality: _____ Position: _____

Membership No. _____ Date of Admission: _____

Email: _____ Tel: _____ Fax: _____

(Please list all auditor report authorised signatory in separate sheet if the firm has more than one partner/director as an attachment).

D. TYPE OF INDUSTRY THE AUDIT SERVICE WAS PROVIDED IN THE LAST 12 MONTHS

- Listed companies
- Microfinance/finance lease
- Financial securities
- Education
- Trading
- NGO/Projects
- Banks
- Insurance
- Manufacturing/garment
- Real estate/construction
- Services
- Other (specify).....

PROFESSIONAL INDEMNITY INSURANCE

Professional indemnity insurance (not applicable for non-audit partner/director)

The firm details below the name of the firm's insurer and insurance number:

Insurance Company:

Insurance Number:

Issue Date:

NOT RENEWING

The Firm does not wish to renew its membership and confirms that the Firm will abide by the continuing obligation under the regulations and/or guidelines issued or that may be issued by the Governing Council of the Institute. The Firm is aware that should it undertakes any public practice without having active membership status, the Firm may be required to answer a complaint before the Institute's Disciplinary Committee.

Signature of Firm's Representative: Date:

DECLARATION

In signing this renewal form I, representative of the firm, confirm that the firm will abide by the regulations and/or guidelines that have been issued or will be issued by the Governing Council of the Institute. In particular, the firm is aware that the Governing Council of the Institute may refuse to renew firm's membership if the firm is found to

be not complying with regulations and Code of Ethics for Professional Accountants and Auditors of KICPAA.

On behalf of the firm, I confirm that to the best of my knowledge, the information given in this form is correct.

Signature of Firm's Representative:

Date:

FOR KICPAA'S OFFICIAL USE ONLY

Form received by:

Date:

Signature:



SUBSCRIPTION FEE FORM FOR MEMBER FIRM

1. Fee Structure for Member Firm

The New Annual Subscription Fee for practicing firms (registered on both the accounting and auditing list) is based upon the following structure:

Range No.	Membership Category	Annual Fee for 2017 (USD)	
		Local	Foreign
1	Member firm employing 01-10 employees	750	1500
2	Member firm employing 11-30 employees	1500	3000
3	Member firm employing 31-60 employees	2500	4000
4	Member firm employing more than 60 employees	3500	5000

2. Subscription Fee 2017

I, _____, being a representative of _____
[Name of Firm Representative] [Name of the Firm]

do hereby certify that the Firm total number of employees in 2016 was within the Range No. _____ (see the above table). Based on this number of employees based, the Firm's annual subscription fee for the year 2017 is therefore USD _____.

I have enclosed our Firm's payment:

By cheque by cash other; specify _____

Date _____

Signature

Beneficiary Reference:

Name: KICPAA

Bank: Cambodian Public Bank

Account No.: 10-2873-0

Address: Building No 23, Street No.114, Sangkat Phsar Thmey 2, Khan Daun Penh, Phnom Penh, Kingdom of Cambodia.

Thank you for your prompt settlement.

Street 92, Sangkat Wat Phnom, Khan Daun Penh

Tel: 023 990 664

Email: kicpaa@kicpaa.org.kh