



## Application for Admission to Associate/Fellow Membership

### PERSONAL INFORMATION

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD MM YEAR

Gender:  Male  Female

Mr.  Mrs.  Miss  Ms.

ACPA  FCPA

First Name: \_\_\_\_\_ Initial: \_\_\_\_\_ Surname: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ CNIC/Passport Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Home E-mail Address: \_\_\_\_\_

Mobile Number: ( ) \_\_\_\_\_ *This is my preferred mailing address (please tick)*

CPA Student/Membership Number: \_\_\_\_\_ Date Admitted by ACPA : \_\_\_\_\_

Date Admitted as FCPA: \_\_\_\_\_  
*(if applicable)*

Degrees or designations (other than CPA): \_\_\_\_\_

Institution: \_\_\_\_\_ Date: \_\_\_\_\_

Degrees or designations (other than CPA): \_\_\_\_\_

Institution: \_\_\_\_\_ Date: \_\_\_\_\_

Degrees or designations (other than CPA): \_\_\_\_\_

Institution: \_\_\_\_\_ Date: \_\_\_\_\_

Degrees or designations (other than CPA): \_\_\_\_\_

Institution: \_\_\_\_\_ Date: \_\_\_\_\_

Degrees or designations (other than CPA): \_\_\_\_\_

Institution: \_\_\_\_\_ Date: \_\_\_\_\_

Degrees or designations (other than CPA): \_\_\_\_\_

Institution: \_\_\_\_\_ Date: \_\_\_\_\_

Degrees or designations (other than CPA): \_\_\_\_\_

Institution: \_\_\_\_\_ Date: \_\_\_\_\_

### EMPLOYMENT INFORMATION

Your Employer's Name: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

Your Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Work E-mail Address: \_\_\_\_\_

*This is my preferred mailing address (please tick)*

## Application for Admission to Associate Membership



### DECLARATION

In providing personal information on this form (and any other information collected and maintained in the course of the application process) and signing the document I consent to its use for the purposes of:

1. regulating applicants in accordance with the provisions of the Institute by-laws, and the Code of Ethical Principles and Rules of Conduct;
2. admission to membership;
3. processing payments; and
4. exchanging membership status information, including the disclosure of confidential disciplinary investigation and sanctions with Certified Public Accountant

Have you ever been convicted of any criminal offence (s) in any jurisdiction?  Yes  No *(if yes, please attach details)*

At present, do you have any criminal charges outstanding in any jurisdiction?  Yes  No *(if yes, please attach details)*

Have you ever had a finding of unprofessional conduct or similar finding made against you by **any** professional organization?  Yes  No *(if yes, please attach details)*

Are you presently the subject of any outstanding complaints or discipline matters with any professional organization with which you are or ever have been registered?  Yes  No *(if yes, please attach details)*

Have you ever been found guilty of contravening a section of securities regulatory or taxation authority legislation in any jurisdiction?  Yes  No *(if yes, please attach details)*

Have you ever been declared bankrupt or are you currently the subject of a bankruptcy proceeding?  Yes  No *(if yes, please attach details)*

The applicant is responsible for ensuring the accuracy of the information contained in this application. Failure to comply with this requirement may lead to termination of membership in the Institute.

I acknowledge that under the terms of the mutual recognition agreement (MRA), admission to the Association requires that I continue to be a member in good standing with Certified Public Accountant

I also acknowledge that I am required to meet the Association's Entry to Public Practice requirements in the jurisdiction of residence or practice in order to offer public accounting services.

I certify that all statements on this application are true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_