



Form: AFM-I Qualified Members

Associate | Fellow | Honorary Fellow | Educator

MEMBER'S STATEMENT

I hereby apply for admission as Associate / Fellow / Honorary-Fellow / Educator Member of "The Association of International Certified Public Accountants". I undertake to observe the provisions of The Association of International Certified Public Accountants and the Regulations made there under for the time being in force or which may thereafter from time to time be made.

As per my following personal and professional detail, I have passed The Association exam (or met the equivalent APL credit hours criteria). I completed The Association's required CPD/CPE credit hours through approved organizers. I also fulfilled the minimum practical experience requirement to be eligible for above applied membership type.

PERSONAL DETAILS

Surname/Family Name:

First/given names:

Previous surname/Family name (if applicable)

Title (Dr, Mr., Mrs., Ms, Miss, etc):

Date of birth:

Sex (male or female)

Present Nationality

Country of birth

Country of permanent residence:

ADDRESSES

Permanent home address:

Address for Correspondence (if different from home address)

Postal Code:

Postal Code:

Mobile:

Mobile:

Tel:

Tel:

Fax:

Fax:

Email:

Email:

ELIGIBLE MEMBERSHIP TYPE & CRITERIA

Membership Type and Eligibility Criteria:

- Associate Fellow Honorary Fellow Educator
- Passed Association's Exam or Equivalent APL Credit Hours
- Completed The CPE/CPD Required Credit Hours
- Fulfilled The Minimum Experience Requirement

The Association Qualified Members:

- Regn. No: _____ Route: _____
- Final Exam: _____ Roll No: _____

The Approved & Accredited Charter-holders:

- Organization: _____ Country: _____

EDUCATION AND QUALIFICATION

Name of Institution / Address	Dates (month-year) of attendance		Qualification/award (include class & division or grade obtained)	Main subjects
	From	To		
	From			
	To			
	From			
	To			
	From			
	To			
	From			
	To			

EMPLOYMENT DETAILS / OTHER EXPERIENCE

Give details of any industrial, professional or research experience relevant to your application. In particular, applicants for post-experience programs should complete this section as fully as possible.

Continue on a separate sheet if necessary. Indicate here if you have done this: Yes No

Employer	Title and duties of post	Date	
		From	To

CPD/CPE CREDIT HOURS DETAIL

Courses/Lectures/Seminars etc. Attended	Date(s)	Organizer(s)	Credit Hours	Remarks

PUBLICATIONS

Educator or Honorary Fellowship Applicants – Please list any academic work (Accounting and Finance field) you have had published or which is currently in the press, together with name of the publisher or journal which has accepted it. Enclose abstracts of these papers or articles with this application.

- 1)
- 2)
- 3)
- 4)
- 5)

RESEARCH IN ACCOUNTING AND FINANCE

Educator or Honorary Fellowship Applicants – give a brief description of your proposed research topics or interests, including the formal title of the proposed field of study.

Continue on a separate sheet if necessary. Indicate here if you have done this: Yes No

OTHER INFORMATION

➤ Membership of other CPA bodies: Please give detail of your membership with other CPA bodies along-with country name:

.....
➤ Finding out about The Association of International Certified Public Accountants: How did you first learn about us?

.....
➤ Where did you obtain this application form?
.....

DECLARATION

By signing and completing this application for membership you are also declaring that you:

- ✓ Confirm that the information given in this form is true, complete, accurate and no information has been omitted,
- ✓ Comply with the fundamental principles set out in the Code of Ethics,
- ✓ Have completed the “Am I Ready?” questionnaire within the application pack,
- ✓ Have complied with the CPD/CPE requirements for the applied membership type,
- ✓ Maintained competence in the accountancy services you intend to provide,
- ✓ Will be governed by the regulations made there under for the time being in force,
- ✓ Will advance the objects of The Association as far as shall be in your power and will attend the meetings thereof as often as you conveniently can, provided that, whenever you shall signify in writing to the Secretary that you are desirous of withdrawing from the Association, You shall (after the payment of any arrears which may be due to you at that date and after the return of your certificate of membership) be free from this obligation.

Signature

Date:

CHECKLIST APPLICATION

- Application, including signature of applicant
- Two photographs, taken within last six months
- Photocopy of CNIC and / or Passport
- Official high school, college and university transcripts from every institution you have attended
- Official membership certificates from every professional body you have been awarded the membership status
- Updated professional resume
- CPD / CPE credit hours certificate
- Fee deposit receipt
- Professional reference forms from 3 referees

PROFESSIONAL REFERENCE FORM (To Be Provided By All Applicants)

Section 1: TO THE APPLICANT

Surname/Family Name: _____ Title: (Dr., Mr., Ms., etc.) _____

First Name: _____

Program & Route of Study:

- **PAC** (Public Accounting Certificate)
- **PPA** (Professional Public Accountant)
- **CPA** (Certified Public Accountant)
 - i. CPA (PAC Route)
 - ii. CPA (PPA Route)
 - iii. CPA (Professional Route)
 - iv. Approved Chartered or APL/CTF

Commenced in: _____ Course Title: _____ Country: _____

Membership Type (Applied For): **Associate** **Fellow** **Honorary Fellow** **Educator**

Section 2: TO THE REFEREE

The above-named is applying for admission as Associate / Fellow / Honorary Fellow / Educator member of The Association of International Certified Public Accountants, and has named you as a referee. We would be grateful to receive, in confidence, your opinion of the candidate's suitability for the proposed membership. Thank you for providing a reference.

Surname/Family name: _____ Title: (Dr., Mr., Ms., etc) _____

First name: _____

Position: _____

Qualification: _____ Relationship to Applicant: _____

Address: _____

Tel: _____ Email: _____

How long have you known the applicant?

Your Comment on the above applicant ... OR ... Reference letter attached

Signature: _____

Date: _____

Membership Committee Section

Meeting Date:			
Remarks:			
Decision:		Elected:	<input type="checkbox"/>
		Deferred:	<input type="checkbox"/>
President:			
Secretary:			
Member:			

Certification & Record Section

Eligibility Checked:	<ol style="list-style-type: none"> 1) Course Credit Hours <input type="checkbox"/> 2) CPD / CPE Credit Hours <input type="checkbox"/> 3) APL / CTF / ACH <input type="checkbox"/> 4) Experience Requirement <input type="checkbox"/> 5) Member's Declaration <input type="checkbox"/> 6) Supporting Documentation <input type="checkbox"/> 7) Accounts Clearance <input type="checkbox"/> 	
Issuance Department:	Membership No:	Certificate No:
	Membership Type:	Date:
Supervisor(s):	Person-in-Charge:	