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**The Malaysian Institute of Certified Public Accountants  
(Institut Akauntan Awam Bertauliah Malaysia)**

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**APPLICATION FOR ADMISSION TO MEMBERSHIP AS  
CERTIFIED FINANCIAL ACCOUNTANT**

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**OFFICE USE ONLY**

Name of applicant : \_\_\_\_\_

Date received : \_\_\_\_\_ Date approved by Council : \_\_\_\_\_

Date of admission to CFiA : \_\_\_\_\_ Membership No : \_\_\_\_\_

**1. PERSONAL DETAILS**

Name :Mr / Ms \_\_\_\_\_  
(in block letters, underline surname )

Student Reg. No : \_\_\_\_\_ Date of Registration : \_\_\_\_\_ Stream : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Place of Birth : \_\_\_\_\_

Nationality : \_\_\_\_\_ Identity Card No : \_\_\_\_\_ Passport No (Non-Citizen) : \_\_\_\_\_

Residential Address : \_\_\_\_\_

\_\_\_\_\_ Home/ Mobile Tel No : \_\_\_\_\_ E- mail : \_\_\_\_\_

Correspondence Address : \_\_\_\_\_  
( if different from above )

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**2. PRESENT EMPLOYMENT**

Name of Employer : \_\_\_\_\_

Type of Business : \_\_\_\_\_ Position Held : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_ Tel No : \_\_\_\_\_ Fax No : \_\_\_\_\_

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**3. ACADEMIC QUALIFICATION**

Name of University / College	Title of Degree / Diploma	Date Completed

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**4. ROUTE OF ADMISSION ( COMPLETE A OR B )**

A. Completion of CFiA Professional Competence Programme

Date completed CFiA Professional Competence Programme : \_\_\_\_\_

B. Completion of Module C and Module D of MICPA Advanced Stage Examination and Business Management & Integrative Case Study of the CFiA Professional Competence Programme

	Date Completed	Date Exemption Granted
<b>Professional Stage Examination</b>		
<b>Advanced Stage Examination</b> Module C : Advanced Taxation Module D : Advanced Financial Reporting		
<b>CFiA Professional Competence Programme</b> Subject Business Management & Integrative Component : Case Study		

5 APPROVED PRACTICAL EXPERIENCE ( COMPLETE A OR B )

**A. To be completed by applicant who has served a training contract**

(a) Date of execution of training contract : \_\_\_\_\_ Duration : \_\_\_\_\_ years

PRINCIPAL		PERIOD OF SERVICE				
Name in full	Name & Address of Firm	Precise Dates		Duration		
		From	To	Years	Months	Days
TOTAL						

(b) Any other occupation / business you were engaged in during your training contract in addition to service with your principal. If none, write ' NONE '.

Supervisor Name in full	Name & Address of Firm / Organisation	Precise Dates		Duration		
		From	To	Years	Months	Days
TOTAL						

(c) Employment details after completion of training contract

Position Held	Name & Address of Employer	Precise Dates		Duration		
		From	To	Years	Months	Days

**B. To be completed by applicant who has NOT served a training contract**

TRAINING SUPERVISOR			PERIOD OF SERVICES Precise Dates		Number of Years/Months	
Name in full	Membership of Professional Body & Membership No.	Name & Address of Firm / Organisation	From	To	Years	Months

**6. DECLARATION BY APPLICANT**

I hereby declare that all the information contained herein is true and correct.

I hereby undertake that, if admitted a member of the Institute, I shall be bound by the Articles of Association and the bye-laws of the Institute and the regulations made thereunder that are now in force or may hereafter from time to time be made.

\_\_\_\_\_  
( Signature of Applicant )

\_\_\_\_\_  
( Date )

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**7. CERTIFICATION (COMPLETE A OR B)**

**A. CERTIFICATION BY PRINCIPAL**

To be completed by the principal referred to in item 5A of this application form. If the applicant has served under training contract with more than one principal, additional certification forms, to be requested from the Secretariat, must be attached.

I, \_\_\_\_\_, Membership No. \_\_\_\_\_  
( name in block letters )

of \_\_\_\_\_  
( name and address of firm )

hereby certify that \_\_\_\_\_  
( name of applicant in block letters )

has served under me as a student under training contract for the period from \_\_\_\_\_ to \_\_\_\_\_  
in the manner shown in item 8A and has performed the duties and services indicated in item 8B and that throughout the said period I was a member of the Institute in practice as a public accountant, such practice being my main occupation.

I consider the applicant a fit and proper person to be admitted to membership as a Certified Financial Accountant.

\_\_\_\_\_  
( Signature of Principal )

\_\_\_\_\_  
( Date )

**B. CERTIFICATION BY TRAINING SUPERVISOR**

To be completed by the training supervisor referred to in item 5B of this application form. If the applicant has worked with more than one approved training organisation, additional certification forms, to be requested from the Secretariat, must be attached.

I, \_\_\_\_\_, Membership No : \_\_\_\_\_  
( name in block letters )

of \_\_\_\_\_  
( name and address of firm / organisation )

hereby certify that \_\_\_\_\_  
( name of applicant in block letters )

has worked under my supervision from \_\_\_\_\_ to \_\_\_\_\_ in the manner shown in item 8A  
and has performed the duties and services indicated in item 8B and that throughout the said period I was a member of  
\_\_\_\_\_ and was in the employ of the approved training organisation.  
(name of professional body)

I consider the applicant a fit and proper person to be admitted to membership as a Certified Financial Accountant.

\_\_\_\_\_  
( Signature of Training Supervisor )

\_\_\_\_\_  
( Date )

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**8. APPROVED PRACTICAL EXPERIENCE**

**A. Period of Training Contract / Practical Experience**

How Served	Years	Months	Days
1. In Malaysia			
2. Outside Malaysia on my business ( Please specify )			
3. On study leave for CFIA Professional Competence Programme/ MICPA examinations			
4. On sick leave			
5. Others ( please specify )			
TOTAL PERIOD			

**B. Duties / Work Experience**

- The applicant is required to submit a record of the work experience obtained during the training contract or the prescribed period of approved practical experience in the format set out below. The record should describe as precisely as possible the types and scope of work undertaken by the applicant (eg. accounting, auditing, taxation, insolvency), the type of business concern (eg. limited / public companies, partnership, sole proprietorship) and the level of seniority at which the work has been undertaken.
- If space provided is insufficient, please provide information on your business letterhead.

From	To	Type of Business	Level of Seniority	Nature of Work

\_\_\_\_\_ Signature of Principal / Training Supervisor

\_\_\_\_\_ Date

**PAYMENT OF FEES**

Please refer to General Information attached for rates of fees payable and tick (✓) the appropriate box:

Payment by Cash

Payment by Cheque

Enclosed is a crossed cheque No : \_\_\_\_\_ for RM \_\_\_\_\_ made payable to "THE MALAYSIAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS" or "MICPA". (If outstation cheque, please include RM0.50 as bank charges.)

Payment by Credit Card

Please charge my Credit Card:  Visa  MasterCard  JCB for RM \_\_\_\_\_

Credit Card No : \_\_\_\_\_ Expiry Date : \_\_\_\_\_

Issuing Bank : \_\_\_\_\_

Cardholder's Name : \_\_\_\_\_ Signature (as per card) : \_\_\_\_\_

THE MALAYSIAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS  
(INSTITUT AKAUNTAN AWAM BERTAULIAH MALAYSIA)

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**GENERAL INFORMATION**

1. In the case of an applicant who has served a training contract but who is no longer in the employ of the principal, the application must be supported by a certification by the applicant's present employer (or, if now unemployed the last employer since leaving the service of the former principal) stating whether the applicant is considered to be a fit and proper person for admission to membership of the Institute as a CFiA. Such certification should be given on the business letterhead of the employer.
2. A copy of the applicant's most recent photograph must be affixed in the space provided in the application form.
3. No application for admission to membership will be considered unless it is accompanied by the admission fee and annual subscription according to the following rates:

	Application made on or before June 30 RM	Application made after June 30 RM
Admission Fee		
• Associate member of CPA	300.00	300.00
• Others	350.00	350.00
Subscription for first year	365.00	183.00

**Note :** *Definition of "Overseas" : Principal place of work and residence is outside Malaysia.*

4. Completed application form accompanied by the relevant supporting documents and appropriate fees should be submitted to :

The Secretary  
The Malaysian Institute of Certified Public Accountants  
15, Jalan Medan Tuanku, 50300 Kuala Lumpur  
Tel : 03 – 2698 9622      Fax : 03 – 2698 9403