Affix Photograph	



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

# APPLICATION FOR ADMISSION TO MEMBERSHIP AS CERTIFIED FINANCIAL ACCOUNTANT

	SPECIAL PROVISION
OFFICE USE ONLY	
Name of applicant :	
Date received :	_ Date approved by Council :
Date of admission to CFiA :	Membership No :

Date of Birth:		ock letters, underline su						
Home/ Mobile Tel No : E- mail :								
Home/ Mobile Tel No : E- mail :	Nationality :	Identity Card No	):	P	assport N	o (Non-Citize	en) :	
Correspondence Address: (if different from above)  PRESENT EMPLOYMENT Name of University: Position Held: Address:								
PRESENT EMPLOYMENT Name of University:								
Name of University:  Position Held: Address:  Tel No: Fax No:  ACADEMIC QUALIFICATION  Name of University / College Title of Degree / Diploma Date Completed  WORK EXPERIENCE  Position Held Name & Address of Employer / University From To Years Months Dimensional Date Completed  ACCOUNTANCY BODY / BODIES OF WHICH I AM A MEMBER	Correspondence Addre ( if different from above	ss:						
Position Held:  Tel No:  Tel No:  Fax No:  ACADEMIC QUALIFICATION  Name of University / College  Title of Degree / Diploma  Date Completed  WORK EXPERIENCE  Position Held  Name & Address of Employer / University  From To Years Months Diversity  ACCOUNTANCY BODY / BODIES OF WHICH I AM A MEMBER	PRESENT EMPLOY	MENT						
ACADEMIC QUALIFICATION    Name of University / College   Title of Degree / Diploma   Date Completed	Name of University :							
ACADEMIC QUALIFICATION    Name of University / College	Position Held :							
ACADEMIC QUALIFICATION    Name of University / College	Address :							
Name of University / College  Title of Degree / Diploma  Date Completed  Name & Address of Precise Dates  Position Held  Name & Address of Employer / University  From To Years Months Date Completed		Tel	No :		_ Fax N	lo :		
WORK EXPERIENCE  Position Held  Name & Address of Employer / University  From To Years Months D.  ACCOUNTANCY BODY / BODIES OF WHICH I AM A MEMBER	ACADEMIC QUALIF	FICATION						
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Position Held  Name & Address of Employer / University  From To Years Months Day  ACCOUNTANCY BODY / BODIES OF WHICH I AM A MEMBER	Name of University / College		Title of Begi	cc / Dipioiii	lu		to completed	
Position Held  Name & Address of Employer / University  From To Years Months Day  ACCOUNTANCY BODY / BODIES OF WHICH I AM A MEMBER								
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ACCOUNTANCY BODY / BODIES OF WHICH I AM A MEMBER	Position He	-		Precis	e Dates		Duration	
		Employe	r / University	From	То	Years	s Months	Days
Name of Accountancy Body / Bodies Membership No. Date Admitted to Membership Membership Statu								
	ACCOUNTANCY BO	ODY / BODIES OF WHICH I	AM A MEMBER					
			1	Date Adm	nitted to M	embership	Membership	Status
			1	Date Adm	nitted to M	embership	Membership	Status

### 6. **DECLARATION BY APPLICANT**

7.

I hereby declare that all particulars stated herein are correct and I have not been convicted of a felony or misdemeanour or been declared by any Court of competent jurisdiction to have committed any fraud, or been found guilty of any act or default discreditable to a public accountant or derogatory to the accountancy profession, or is adjudged bankrupt or has failed to satisfy a judgement debt or individually or as a partner has made an assignment for the benefit of creditors or under any resolution of creditors or Order of the Court or any deed or document has had my estate placed in liquidation for the benefit of creditors or has made any arrangement for the payment of a composition to creditors.

	ereby undertake that, if admitted a member of the Institut titute and the regulations made thereunder that are now in for		and the bye-laws of the
	( Signature of Applicant )		( Date)
	COMMENDATION BY ACADEMICIANS		
	ne of whom must be Head of the School or Dean of the Fac tus to the candidate but from another institution)	culty in which the candidate is engaged and the seco	nd of at least equal
То	the Council,		
We	e, the undersigned, have known	(name of applicant in block letters)	
set	o is an applicant for admission to membership of the under our respective names, and we believe he/shepper person to be admitted.	e, from personal knowledge, is professionally o	qualified and a fit and
1.	Signature:	Date:	
	Name: ( in block letters )	Position held:	
	Name of University:		
	Have known applicant for:	years	months.
2.	Signature:	Date:	
	Name: (in block letters)	Position held:	
	Name of University:		
	Have known applicant for:	VAZIC	months

### 8. RECOMMENDATION BY MICPA MEMBERS

	(name	of applicant in block letters)	
of _			
set	o is an applicant for admission to membe	and address of university) rship of the Institute as a Certified Financial Accor ieve he/she, from personal knowledge, is profession	
1.	Signature:	Date: _	
	Name:	rs ) Membership No: _	
	( in block letter	rs)	
	Have known applicant for:	years	months.
2.	Signature:	Date: _	
	Name:	Membership No:	
	( in block lett	ers ) Membership No: _	
	Have known applicant for:	years	months.
	ENT OF FEES		
se r	efer to General Information attached for rates o	f fees payable and tick ( $\sqrt{\ }$ ) the appropriate box:	
Pay	yment by Cash		
•	ment by Cheque		
Pay			
Pay	closed is a crossed cheque No :	for RM mad NTS" or "MICPA". (If outstation cheque, please include RI	
Pay End	closed is a crossed cheque No :		
Pay End INS	closed is a crossed cheque No : STITUTE OF CERTIFIED PUBLIC ACCOUNTA  yment by Credit Card		M0.50 as bank charges.)
Pay End INS Pay	closed is a crossed cheque No : STITUTE OF CERTIFIED PUBLIC ACCOUNTA yment by Credit Card	NTS" or "MICPA". (If outstation cheque, please include RI	M0.50 as bank charges.)

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

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

### **GENERAL INFORMATION**

### 1. Application for Admission to Membership

- 1.1 Application for admission to membership must be made by completing Form CFiA 2B to be returned to the MICPA Secretariat with the appropriate fees and supporting documents:
  - (a) Academic qualification(s)

University degree or other academic diploma

(b) Professional qualification(s)

Membership certificate(s) or a letter from the accountancy body / bodies, confirming the date(s) of admission to membership.

(c) Work experience

Testimonials from employers indicating in full details the position(s) held, duration in each position, job functions and seniority in the organisation.

For the purpose of ascertaining the years of work experience, any period of work experience of less than one year duration in an organisation will not be considered.

- 1.2 All photostat copies of documents must be certified true by the Head of School or a person holding a position of higher standing or any of the MICPA members.
- 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		
<ul> <li>Associate member of CPA</li> </ul>	300.00	300.00
• Others	350.00	350.00
Subscription for first year	415.00	208.00

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