



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

**APPLICATION FOR PRACTISING CERTIFICATE**

1. NAME \_\_\_\_\_
2. MEM. NO \_\_\_\_\_ DATE OF ADMISSION \_\_\_\_\_
3. OTHER PROFESSIONAL BODIES \_\_\_\_\_
4. NUMBER OF YEARS SPENT IN FIRM/FIRMS OF PUBLIC ACCOUNTANTS OR OTHER ORGANISATIONS BEFORE MEMBERSHIP WITH THE INSTITUTE:  
 Name of firm/firms \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
 (Enclose letter/s of confirmation from firm/s) \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
 \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
 \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_
5. NUMBER OF YEARS SPENT IN MALAYSIA UNDER THE SUPERVISION OF CPA MEMBER(S) IN PRACTICE AFTER MEMBERSHIP WITH THE INSTITUTE:  
 Name of firm/firms \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
 (Enclosed letter/s of confirmation from firm/s) \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
 \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_
6. NAME AND ADDRESS OF PRACTICE (UPON BEING GRANTED THE PRACTISING CERTIFICATE) \_\_\_\_\_  
 \_\_\_\_\_
7. DATE COMMENCE PRACTICE \_\_\_\_\_  
 (Applicant is required to submit a copy of the Form 5 lodge with the Companies Commission of Malaysia, if applicable.)
8. ARE ALL YOUR PARTNERS MEMBERS OF THE INSTITUTE? YES/NO/NOT APPLICABLE

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND I ENCLOSE HEREWITH THE FEE OF RM583.00 (inclusive of 6% GST) FOR THE PRACTISING CERTIFICATE, WHICH IS RENEWABLE ANNUALLY ON JANUARY 1.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Member