

Affix  
Photograph



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

---

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

---

**OFFICE USE ONLY**

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

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

Date of admission to membership : \_\_\_\_\_ 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 )  
\_\_\_\_\_

## 2. PRESENT EMPLOYMENT

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

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

Business Address : \_\_\_\_\_  
\_\_\_\_\_ Tel No : \_\_\_\_\_ Fax No : \_\_\_\_\_

## 3. ACADEMIC QUALIFICATION

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

## 4. MICPA EXAMINATIONS

	Date Completed	Date Exemption Granted
Professional Stage Examination		
Advanced Stage Examination		

## 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

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

**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 )

**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 Public 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 Public Accountant

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

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

## 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 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 (Stream I) or the prescribed period of approved practical experience (Stream II) 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.

Please provide information on your official business letterhead and to be verified by your Principal/Training Supervisor.

From	To	Type of Business	Level of Seniority	Nature of Work

---

## 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 BERTAUJAH MALAYSIA)

APPLICATION FOR MEMBERSHIP AS  
CERTIFIED PUBLIC ACCOUNTANT

**GENERAL INFORMATION**

1. In the case of an applicant under Stream I student registration 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 CPA. 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	600.00	600.00
Subscription for first year		
Local members	500.00	250.00
Overseas members	300.00	150.00

**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

5. Privacy Statement

The Institute shall preserve the confidentiality of all your personal data obtained or processed which include:

- (1) to collect personal data that the Institute believe to be relevant for the purpose of processing your application;
- (2) will not disclose your personal data to any external organisation unless the Institute has your consent or are required by law, governmental, regulators under proper authority for the purpose of verifying your qualifications and professional membership;
- (3) to keep your personal data on our records accurate and up-to-date – for this purpose, you are required to update the Institute of your personal data in writing or update your personal data on Member's Portal should there be any changes;
- (4) maintain strict security systems designed to prevent unauthorised access to your personal data by a third party; and
- (5) all staff of MICPA with permitted access to your personal data are specifically required to observe these confidentiality obligations.

This certificate is similar to that in item 7 of Form CPA 2A. It is for use only where the applicant has served with more than one principal / training supervisor.

## COMPLETE A OR B

### A. CERTIFICATION BY PRINCIPAL

To be complete by the principal referred to in item 5A of the application form for admission to membership.

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

( name and address of firm / organisation )

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 7A below and has performed the duties and services indicated in item 7B and that throughout the said period I was a member of the Institute.

- \* (a) in practice as a public accountant, such practice being my main occupation ; or  
(b) in the employment of an approved training organisation.

I consider the applicant a fit and proper person to be admitted a member of the Institute.

### B. CERTIFICATION BY TRAINING SUPERVISOR

To be completed by the training supervisor referred to in item 5B of the application form for admission to membership.

I, \_\_\_\_\_, Membership No : \_\_\_\_\_  
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 7A and has performed the duties and services indicated in item 7B and that throughout the said period I was a member of  
\_\_\_\_\_ and was in the employment of the approved training organisation.  
(name of professional body)

I consider the applicant a fit and proper person to be admitted a member of the Institute.

## 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 MICPA examinations			
4. On sick leave			
5. Others ( please specify )			
TOTAL PERIOD			

### B. Duties / Work Experience

This certification of the duties / services performed by the applicant should state as precisely as possible the types and scope of work undertaken by the applicant (e.g. accounting, auditing, taxation, insolvency), the type of business concern (e.g. limited / public companies, partnership, sole proprietorship) and the level of seniority at which the work has been undertaken.

Please provide information on your official business letterhead and to be verified by your Principal/Training Supervisor.

From	To	Type of Business	Level of Seniority	Nature of Work