



**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 _____	
_____	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.)
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 RM550 FOR THE PRACTISING CERTIFICATE, WHICH IS RENEWABLE ANNUALLY ON JANUARY 1.

Date _____

Signature of Member