



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

APPLICATION FOR EXEMPTION

A. PARTICULARS OF APPLICANT

Name : _____

Registration No : _____ Registration Date : _____ Stream : _____

Period of Training Contract : _____ years Date of Execution : _____

Name of Principal/
Training Supervisor : _____ Name of Firm : _____

Correspondence address : _____

Tel. (Off) _____ (Hse/H/p) _____ Email _____

B. PLEASE TICK (✓) THE EXEMPTION SOUGHT

Professional Stage Examination

- Business Strategy & Financial Management
- Auditing
- Financial Reporting
- Business & Company Law

C. ACADEMIC QUALIFICATIONS

Name Of Institution Of Higher Learning	Date Completed	Diploma/Degree Awarded

D. PROFESSIONAL QUALIFICATIONS

Name Of Professional Body	Part/Level of Exam. Passed	Date Passed	Date Admitted to Membership and Status

E. PRACTICAL EXPERIENCE

Name of Employer	Nature of Business	Date Employed From To	If under Training Contract, please tick (√)

F. DECLARATION

To the Council of MICPA

I hereby certify that the information provided above is correct and enclose the exemption fee of RM which is returnable in the event that my application is not approved by the Council.

Date :

Signature :

NOTES

1. The application form must be accompanied by relevant supporting documents including certificates of qualifications and examination results transcripts. Photostat copies must be certified true by a member of the Institute, a member of one of the professional bodies approved by the Institute, the principal of a school or institution of higher learning.
2. Exemption fee :
Professional Stage Examination RM265 per subject (inclusive of 6% GST)
3. All payments must be made in crossed cheques to “The Malaysian Institute of Certified Public Accountants” or “MICPA”.
4. For payment by credit card, kindly provide the following details :

Credit Card Type : Visa MasterCard Japanese Credit Bureau

Credit Card Number : _____ Exp. Date : _____ RM _____

Cardholder Name : _____ Issuing Bank : _____

Signature (as per card) _____

FOR OFFICE USE

Date application received _____ Date exemption approved _____