

Affix Photograph



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

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

SPECIAL PROVISION – PUBLIC SECTOR

OFFICE USE ONLY

Name of applicant : _____

Date received : _____ Date approved by Council : _____

Date of admission to Associate CPA : _____ Membership No : _____

1. PERSONAL DETAILS

Name : Dato' / Datin / Dr / Mr / Ms _____
(in block letters as in Identity Card, underline surname)

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 : _____

Position Held : _____

Address : _____
_____ Tel No : _____ Fax No : _____

3. ACADEMIC QUALIFICATION

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

4. WORK EXPERIENCE

Position Held	Name & Address of Employer	Precise Dates		Duration		
		From	To	Years	Months	Days

5. ACCOUNTANCY BODY / BODIES OF WHICH I AM A MEMBER

Name of Accountancy Body / Bodies	Membership No.	Date Admitted to Membership	Membership Status

6. DECLARATION BY APPLICANT

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.

I hereby undertake that, if admitted as 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. RECOMMENDATION BY A SENIOR OFFICER FROM THE PUBLIC SECTOR

(Who must be a superior at the department where the candidate is engaged)

To the Council,

I, the undersigned, have known _____
(name of applicant in block letters)

of _____
(name and address of organisation)

who is an applicant for admission to membership of the Institute as an Associate Certified Public Accountant, for the length of time set under my respective name, and I believe he/she, from personal knowledge, is professionally qualified and a fit and proper person to be admitted.

1. Signature: _____ Date: _____

Name: _____ Position held: _____
(in block letters)

Name of Employer: _____

Have known applicant for: _____ years _____ months.

8. RECOMMENDATION BY A MICPA MEMBER

To the Council,

I, the undersigned, being a member of The Malaysian Institute of Certified Public Accountants, have known

_____ *(name of applicant in block letters)*

of _____ *(name and address of organisation)*

who is an applicant for admission to membership of the Institute as an Associate Certified Public Accountant, for the length of time set under my respective name, and I believe he/she, from personal knowledge, is professionally qualified and a fit and proper person to be admitted.

1. Signature: _____ Date: _____

Name: _____ Membership No: _____
(in block letters)

Have known applicant for: _____ years _____ months.

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 BERTAULIAH MALAYSIA)

APPLICATION FOR ADMISSION TO MEMBERSHIP AS
ASSOCIATE CERTIFIED PUBLIC ACCOUNTANT

GENERAL INFORMATION

1. Application for Admission to Membership

1.1 Application for admission to membership must be made by completing Form Associate CPA 2C to be returned to the MICPA Secretariat with the appropriate fees and supporting documents:

(a) Academic qualification(s)

Doctorate or Master or Bachelor Degree(s)

(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 a person holding a position of higher standing or by a MICPA member.

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, 2018 RM	Application made after June 30, 2018 RM
Admission Fee	350.00	350.00
Subscription for first year	480.00	240.00

The above fees are subject to 0% GST.

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.