

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

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

OFFICE USE ONLY

MIA – MICPA
(members of MIA who are in public practice)

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 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. ACADEMIC QUALIFICATION

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

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

Name of Body	Membership No	Date Admitted to Membership	Membership Status

4. PRESENT EMPLOYMENT

Name of Employer / Business: _____

Type of Business: Audit Tax Insolvency Others (Please Specify): _____

Please ✓ where applicable

1) Name of Audit Firm: _____ Position Held: _____

Business Address : _____

Tel No : _____ Fax No : _____ E-mail : _____

2) Name of Tax Firm: (if any) _____ Position Held: _____

Business Address : _____

Tel No : _____ Fax No : _____ E-mail : _____

3) Name of Advisory Services Firm: (if any) _____ Position Held: _____

Business Address : _____

Tel No : _____ Fax No : _____ E-mail : _____

INFORMATION ON BRANCHES & OTHER PARTNERS' PROFESSIONAL QUALIFICATION IN THE FIRM / BRANCHES (IF APPLICABLE):

Branch (Please state the branch address)	Please tick (✓) the branches managed by applicant	Please specify Professional qualification possessed by other Partners of the branch (other than the applicant)

INFORMATION ON FIRM'S CLIENTELE:

Total number of clienteles under firm's purview	The industries involved by clientele (Public/Private Sector)

INFORMATION ON APPLICANT'S CLIENTELE:

Total number of clienteles under applicant's purview	The industries involved by clientele (Public/Private Sector)

INFORMATION ON MANPOWER STRENGTH UNDER YOUR SUPERVISION (Executive level and above)

Position	Professional qualification / Degree	Total employees
	Total	

INFORMATION ON MANPOWER STRENGTH - BRANCH 1 (Executive level and above)

(Please state which branch: _____)

Position	Professional qualification / Degree	Total employees
	Total	

INFORMATION ON MANPOWER STRENGTH – BRANCH 2 (Executive level and above)

(Please state which branch: _____)

Position	Professional qualification / Degree	Total employees
	Total	

INFORMATION ON MANPOWER STRENGTH – BRANCH 3 (Executive level and above)

(Please state which branch: _____)

Position	Professional qualification / Degree	Total employees
	Total	

**WORK EXPERIENCE PRIOR TO MIA MEMBERSHIP WITH ACCOUNTANCY BODY / BODIES LISTED IN ITEM 3:
(PLEASE BREAKDOWN THE POSITIONS HELD IN DETAILS BY YEAR):**

Position Held	Name and Address of Organisation	Period		Number of Years/ Months	Part-time or full-time experience
		From	To		

**WORK EXPERIENCE AFTER MIA MEMBERSHIP WITH ACCOUNTANCY BODY/BODIES LISTED IN ITEM 3:
(PLEASE BREAKDOWN THE POSITIONS HELD IN DETAILS BY YEAR):**

Position Held	Name and Address of Organisation	Period		Number of Years/ Months	Part-time or full-time experience
		From	To		

5. MIA PRACTICE REVIEW / AOB PRACTICE REVIEW (IF ANY)

Types of Practice (Passed) : _____

Date of Completion : _____

Rating of MIA Practice Review (If applicable) (Please ✓): Type 1 Type 2 Type 3

If type 3, kindly indicate the following details: _____

1) Remedial Action Plan Submission Date : _____

2) Follow up Review Date : _____

3) Final Report Date : _____

4) Cleared by MIA Practice Review Committee : _____

**6. FINANCIAL STATEMENTS REVIEW
(ONLY APPLICABLE TO APPROVED AUDITOR WITH LESS THAN 5 YEARS POST LICENSING EXPERIENCE)
(Please ✓):**

I agree to have my Financial Statements being reviewed by MICPA, if required

7. INFORMATION ON AUDIT AND/OR TAX LICENSE AND/OR LIQUIDATOR

Types of License : _____

Audit License Approved Date : _____

Partnership Admission Date : _____

Tax License Approved Date
(tax license issued under Section 153 of the
Income Tax Act, 1967) _____

Liquidator License Approved Date
(liquidator license approval/renewal letter
issued under Section 433 of the Companies
Act, 2016) _____

8. ADMISSION ROUTE

- MIA members who holds a valid practicing certificate with MIA and have been practicing as an approved auditor and/or tax agent for the past 2 years, and approved liquidator may apply for admission as a CPA member upon passing an interview with the MICPA Membership Admission Panel

9. 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 a member of the Institute, I shall be bound by the Articles of Association and the bye-laws of the Institute that are now in force or may hereafter from time to time be made.

(Signature of Applicant)

(Date)



PAYMENT OF FEES

Please refer to General Information attached for rates of fees payable and tick (✓) the appropriate box:

- Payment by Cash
- Payment via Online Banking
CIMB Bank Berhad
Wisma Genting Branch
Ground Floor, Wisma Genting
28 Jalan Sultan Ismail, 50250 Kuala Lumpur
A/c No. : 8001554071
A/c Name : MICPA
Swift Code : CIBBMYKL

(Kindly fax or email the fund transfer advice/bank in slip to ksl.acc@micpa.com.my for record purposes)

- 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) : _____
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THE MALAYSIAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
(INSTITUT AKAUNTAN AWAM BERTAULIAH MALAYSIA)

ADMISSION TO MEMBERSHIP UNDER SPECIAL PATHWAY FOR MIA MEMBERS

1. Special Pathway with MIA

1.1 Members of the Malaysian Institute of Accountants (MIA) who have been practicing as:

- Approved auditor and/or tax agent for the past 2 years and/or;
- Approved liquidator

may apply for membership to MICPA as a Certified Public Accountant (CPA) upon passing an interview with the MICPA Membership Admission Panel.

2. Application for Admission to Membership

2.1 Applications for admission to membership must be made by completing Form CPA 2B (2) to be returned to the MICPA Secretariat with the supporting documents:

(a) Professional qualification(s)

Membership certificate(s) and an original letter from the Malaysian Institute of Accountants (MIA), confirming that he/she has been a member in good standing, holds a valid practicing certificate, not subjected to any disciplinary action, and has complied with the MIA Continuing Professional Experience (CPE) requirements for the past 3 consecutive years.

(b) Academic qualification(s)

University degree or any other academic diploma

(c) Letter of Support

1. Employed applicants provided
 - Letter of Support by Managing Partners, CEO etc
2. Sole Proprietors / Own firm
 - Letter of Support by other partners from the firm or other MICPA/MIA members.

(d) 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.

An original letter from his/her current employer confirming his/her employment (dated within three (3) months of application received date).

2.2 All photostat copies of documents must be certified true by an MIA member (except testimonials, letter of support, SSM Form 5, list of employees and clientele)

3. Fees and Annual Subscription

3.1 The admission fee and annual subscription are as below:

	Applications made on or before June 30, 2022 RM	Applications made after June 30, 2022 RM
Admission Fee	600.00	600.00
Subscription for first year		
Local members	590.00	295.00
Overseas members	354.00	177.00

Notes:

1. *Payment to be made upon approval.*
2. *“Overseas member” means a member whose principal place of work and residence is outside Malaysia.*

4. Application for Practising Certificate

4.1 Members of the Institute who are engaged in public practice in Malaysia providing accounting, auditing, taxation or insolvency services are required to hold a practising certificate issued by the Institute.

4.2 Applications for a practising certificate must be made by completing Form CPA 12 to be returned to the MICPA Secretariat accompanied by:

- (a) Letter(s) from the firm(s) in which the applicant has been employed stating the number of years of employment and nature of working experience;
- (b) practising certificate fee of RM550.00.

4.3 Practising certificates shall normally be issued for a period not exceeding twelve months and ending on the thirty-first day of December and shall be renewed automatically for a period of twelve months on the first day of January next following when the appropriate renewal fee shall become due and payable.

5. Submission of Application Forms

Completed application forms accompanied by the supporting documents should be submitted via email to membership@micpa.com.my or to the following address:

The Secretary
The Malaysian Institute of Certified Public Accountants
15 Jalan Medan Tuanku
50300 Kuala Lumpur

Tel: 03 - 26989622

Fax: 03 – 26989403

6. 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.



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

APPLICATION FOR PRACTISING CERTIFICATE

1. NAME _____
2. MICPA MEM. NO _____ DATE OF ADMISSION _____
TEL _____ EMAIL _____
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 (IF APPLICABLE):

 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 RM550.00 FOR THE PRACTISING CERTIFICATE, WHICH IS RENEWABLE ANNUALLY ON JANUARY 1.

Date _____

Signature of Member

Applications for admission to membership must be made by completing Form CPA 2B(2) to be returned to the MICPA Secretariat with the supporting documents as per check list below:

Documents Required	Included (/)
Letter of good standing by MIA confirming: <ul style="list-style-type: none"> • Holds a valid practising certificate • Has not subjected to any disciplinary action • Has complied with the MIA continuing Professional Experience (CPE) requirements for the past 3 consecutive years 	
Academic qualifications <ul style="list-style-type: none"> • Copy of university degree or any other academic diploma 	
Professional Qualification <ul style="list-style-type: none"> • Copy of MIA membership certificate • Copy of MIA Practising Certificate • Copy of other professional certificates (if any) 	
Letter of Support <ol style="list-style-type: none"> 1. Employed applicants provided <ul style="list-style-type: none"> - Letter of Support by Managing Partners, CEO, etc 2. Sole Proprietors / Own Firm <ul style="list-style-type: none"> - Letter of Support by other partners from the firm or other MICPA/MIA members 	
Work Experience <ol style="list-style-type: none"> 1. Testimonials from employers indicating in full details the position(s) held, duration in each position, job functions and seniority in the organization 2. An original letter from his/her current employer confirming his/her employment (dated within 3 months of application received date) 	
Copy of audit license approval letter and renewal letter for the past 2 years (for auditor)	
Copy of the tax agent license approval letter and renewal letter issued under Section 153 of the Income Tax Act 1967 for the past 2 years (for tax agent)	
Copy of the liquidator license approval letter and renewal letter issued under Section 433 of the Companies Act, 2016 (for liquidator)	
Number of employees under your supervision along with their academic/professional qualifications (e.g. degree, MIA, MICPA, ACCA, etc)	
Number of clients and industries involved (whether public/private sector – e.g. trading, plantations, construction, etc)	
Copy of Form 5 lodge with the Companies Commission of Malaysia	
Copy of completed application form (CPA 12) for Practising Certificate application	
Rating of MIA Practice Review (Please √): <i>(if applicable)</i> <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3 If Type 3, kindly indicate the following details: 1) Remedial Action Plan Submission Date: _____ 2) Follow up Review Date: _____ 3) Final Report Date: _____ 4) Cleared by MIA Practice Review Committee Date: _____	