

REGISTRATION FORM FOR PUBLIC ACCOUNTANTS

PLEASE INDICATE (✓) IN THE APPROPRIATE BOX:

RENEWAL

PREVIOUS CERTIFICATE NUMBER:

DATE OF ISSUE:

NEW APPLICATION

RECENT
PASSPORT-SIZE
PHOTO

INSTRUCTIONS:

PLEASE COMPLETE ALL THE DETAILS IN **BLOCK LETTERS**

A. FOR RENEWAL:

ALL LOCAL APPLICANTS MUST FILL IN ALL SECTIONS EXCEPT SECTIONS C AND F.

B. FOR NEW APPLICANTS:

1. LOCAL APPLICANTS FILL IN ALL SECTIONS EXCEPT SECTION C.
2. FOREIGN APPLICANTS MUST FILL IN ALL SECTIONS.

THE FOLLOWING MUST BE ATTACHED TOGETHER WITH THIS FORM:

A. FOR ALL APPLICANTS:

- FEE OF BND 2,500.00 PER APPLICANT
- COPY OF BRUNEI DARUSSALAM IDENTITY CARD
- PROOF OF HIGHEST QUALIFICATION ATTAINED
- PROOF OF BICPA MEMBERSHIP
- PROOF OF PROFESSIONAL ACCOUNTANCY BODY MEMBERSHIP (OTHER THAN BICPA)
- A VALID PRACTISING CERTIFICATE FROM RESPECTIVE PROFESSIONAL ACCOUNTANCY BODY

B. IN ADDITION, FOREIGN APPLICANTS MUST ALSO ATTACH THE FOLLOWING:

- COPY OF PASSPORT
- PROOF OF NUMBER OF DAYS RESIDING IN BRUNEI FOR THE PAST ONE YEAR

COMPLETED FORM TOGETHER WITH THE SUPPORTING DOCUMENTS SHOULD BE RETURNED TO:

REGISTRAR OF PUBLIC ACCOUNTANTS
REVENUE DIVISION
LEVEL 1, ISLAND BLOCK
MINISTRY OF FINANCE
COMMONWEALTH DRIVE, BB3910
BRUNEI DARUSSALAM

SECTION A: PERSONAL DETAILS

TITLE (MR/MRS/MS/OTHERS):

NAME (AS STATED IN
IDENTITY CARD/PASSPORT):

BRUNEI IC NO. AND COLOUR:

PASSPORT NO.:

NATIONALITY:

SECTION B: CONTACT DETAILS

RESIDENTIAL ADDRESS:

POSTAL ADDRESS (IF
DIFFERENT FROM
ABOVE):

CONTACT NO.:

(M)

(H)

(O)

(FAX)

EMAIL ADDRESS:

***SECTION C: PROPOSED PARTNER(S)/DIRECTOR(S)**

THIS SECTION IS TO BE FILLED IN BY **FOREIGN APPLICANTS ONLY. PLEASE PROVIDE DETAILS OF **ALL** PROPOSED PARTNERS.*

DETAILS OF MANAGING PARTNER (PARTNER 1)

TITLE (MR/MRS/MS/OTHERS):

NAME (AS STATED IN
IDENTITY CARD/PASSPORT):

BRUNEI IC NO. AND COLOUR:

PASSPORT NO.:

NATIONALITY:

RESIDENTIAL ADDRESS:

POSTAL ADDRESS
(IF DIFFERENT FROM
ABOVE):

CONTACT NO.:

(M)

(H)

EMAIL ADDRESS:

PUBLIC ACCOUNTANT REGISTRATION NUMBER AND DATE:

DETAILS OF PARTNER 2

TITLE (MR/MRS/MS/OTHERS):

NAME (AS STATED IN IDENTITY CARD/PASSPORT):

BRUNEI IC NO. AND COLOUR:

PASSPORT NO.: NATIONALITY:

RESIDENTIAL ADDRESS:

POSTAL ADDRESS (IF DIFFERENT FROM ABOVE):

CONTACT NO.: (M) (H)

EMAIL ADDRESS:

PUBLIC ACCOUNTANT REGISTRATION NUMBER AND DATE:

SECTION D: ACCOUNTING FIRM

NAME OF ACCOUNTING FIRM WHERE APPLICANT IS PRACTISING:

REGISTRATION NO. AT ROCBN:

STATE THE NUMBER OF STAFF EMPLOYED BY YOUR FIRM/CORPORATION (*PROPOSED STAFF FOR NEW APPLICANTS):

DESIGNATION	LOCALS	FOREIGNERS
MANAGER		
ACCOUNTANT/AUDITOR		
GENERAL STAFF		
OTHERS (PLEASE STATE)		
TOTAL NUMBER OF EMPLOYEES		

SECTION E: ACCOUNTANCY MEMBERSHIP

PLEASE MARK (✓) WHERE APPROPRIATE:

1. BICPA MEMBER: YES NO

MEMBERSHIP CATEGORY:

HONORARY ASSOCIATE AFFILIATE PROVISIONAL

2. MEMBERSHIP OF PROFESSIONAL ACCOUNTANCY BODY:

- CPA AUSTRALIA
- THE ASSOCIATION OF CHARTERED CERTIFIED ACCOUNTANTS
- THE INSTITUTE OF CHARTERED ACCOUNTANTS OF AUSTRALIA
- THE INSTITUTE OF CHARTERED ACCOUNTANTS OF CANADA
- THE INSTITUTE OF CHARTERED ACCOUNTANTS OF ENGLAND AND WALES
- THE INSTITUTE OF CHARTERED ACCOUNTANTS OF IRELAND
- THE INSTITUTE OF CHARTERED ACCOUNTANTS OF NEW ZEALAND
- THE INSTITUTE OF CHARTERED ACCOUNTANTS OF SCOTLAND

DATE OF ADMISSION TO MEMBERSHIP:

SECTION H: DECLARATION

I, THE UNDERSIGNED, HEREBY DECLARE THAT THE INFORMATION CONTAINED IN OR RELATING TO THIS APPLICATION AND THE SUPPORTING DOCUMENTS ATTACHED ARE TRUE AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT I HAVE NOT WILFULLY SUPRESSED ANY MATERIAL FACT.

SIGNATURE OF APPLICANT

DATE: _____