

RENEWAL APPLICATION

Passport-Size
Photo

(To be completed by Applicant in BLOCK LETTERS)

Name of Applicant (as in Passport)			
Name of Country of Origin		Passport No.	
ASEAN Chartered Professional Accountant (ACPA) No.			
ASEAN Chartered Professional Accountant (ACPA) Issue Date			
Academic Qualification Obtained			
Qualification Place			
Qualification date obtained			
BICPA Membership No.		BICPA Membership Date	
Mailing Address			
	Postcode		Country
Contact No		Email address	
Present Company/ Organisation Name Company/ Organisation Address:			
	Postcode		Country
Contact No		Email address	
Applicant's signature			

<u>For Official Use Only</u>			
ACPA MC	(Name of Country of Origin)	Meeting Date	
Result		Approval Date	
ACPA No.		Renewal Fee	
Secretary General		Cashier	

RENEWAL APPLICATION

Details of Continuing Professional Development (CPD) for the past one year

Date	Topic	Organiser	Units of CPD
TOTAL			

RENEWAL APPLICATION

To ASEAN Chartered Professional Accountant Monitoring Committee,

I hereby declare that the above descriptions are true to the best of my knowledge and have attached the following supporting documents together with this form:

- ☐ Complete Renewal Application Form (Annex III)
- ☐ Passport-Size Photo (2 copies)
- ☐ Copy of ACPA certificate
- ☐ Copy of valid passport (identification page)
- ☐ Copy of certificate of attendance on CPD
- ☐ Copy of valid BICPA Membership Certificate
- ☐ Copy of valid Certificate of Registration as Public Accountant (if any)

Signature :

Accountant Applicant's name :

Passport No. :

Date :

RENEWAL APPLICATION

I hereby declare that:

	YES	NO
I am an Accountant	☐	☐
I meet the entire requirement as stated in Article 4 of the ASEAN Mutual Recognition Arrangement (MRA)	☐	☐
No disciplinary action have been taken against me	☐	☐
I am not a bankrupt	☐	☐
I am bound with the <i>Code of Ethics for Professional Accountants</i> issued by the International Ethical Standards Board of the International Federation of Accountants	☐	☐

Others (*please specify*):

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Yours Sincerely,

.....

Name :

Passport No. :

BICPA Membership No. :

Date :