

RENEWAL APPLICATION

(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.					
Last ACPA approval period	Start date			End date	
BICPA Membership No.					
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	

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Details of Continuing Professional Development (CPD) for the past twelve months prior to the expiry of last approval period

Date	Topic	Organiser	Units of CPD
<i>Structured</i>			
<i>Unstructured</i>			
TOTAL			

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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
- Copy of valid passport (identification page)
- Copy of certificate of attendance on structured CPD
- Copy of proof of latest payment for subscription fee of BICPA membership
- Copy of proof of latest payment for subscription fee of membership with recognized professional accountancy bodies (if any)

Signature :

Accountant Applicant's name :

Passport No. :

Date :

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I hereby declare that:

	YES	NO
I am an Accountant	<input type="checkbox"/>	<input type="checkbox"/>
I meet the entire requirement as stated in Article 4 of the ASEAN Mutual Recognition Arrangement (MRA)	<input type="checkbox"/>	<input type="checkbox"/>
No disciplinary action have been taken against me	<input type="checkbox"/>	<input type="checkbox"/>
I am not a bankrupt	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
I have no criminal record	<input type="checkbox"/>	<input type="checkbox"/>

Others (*please specify*):

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Yours Sincerely,

.....

Name :

Passport No. :

BICPA Membership No. :

Date :