

EXAMINATION ENTRY FORM

Please complete all sections below in full.
Applications not fully completed will not be accepted

REGISTRATION NUMBER

NAME

ADDRESS

EMAIL

MOBILE NUMBER

Examination Date

MM / YEAR

Summer Winter

ATTACH
1 SIGNED
COLOUR
PHOTO HERE

NOTE: THE LAST DATE FOR THE RECEIPT OF THIS APPLICATION FORM IS 15 / 11 / 2018
NO LATE APPLICATION FACILITY IS AVAILABLE

DD MM YEAR

I hereby apply to be allowed to present myself for the Formation/Professional Examination of the Institute in the subjects of:

I wish to sit the exam in Karachi Islamabad/Rawalpindi Lahore Gujranwala Faisalabad
 Multan KSA Oman Bahrain UAE Peshawar Other _____
 Qatar Date of sitting last examination of the Institute ____ / ____ Number of previous sittings ____
MM YEAR

1. What Centre of Education did you study with for this attempt at the examination?

Part time Full time Correspondence

2. Employment: Practice Industry /Commerce Public Sector

i. Name of Company

ii. Address of Company

Tel No _____

Fax No. _____

Position _____

Email _____

[NB] Please tick the box and contact the Institute by email if you require a special facility, such as wheelchair access, or have any other special requirement in accordance with the Examination Regulations. The examination regulations are published on the institute website www.icpap.com.pk

3. Examination Fees (which must accompany this form)

Examination Fees

	Pakistani	Overseas	Non-Pakistani
Module-1 Fundamentals [per subject]	2,500	3,300	US \$ 30
Module-2 Knowledge [per subject]	2,500	3,300	US \$ 30
Module-3 Essentials [per subject]	2,500	3,300	US \$ 30
Module-4 Skills [per subject]	2,500	3,300	US \$ 30
Module-5 Professional [per subject]	2,500	3,300	US \$ 30
Module-6 Specialization [per subject]	2,500	3,300	US \$ 30

My entry fee is made up as follows:

Bank Demand Draft / Pay Order / Online Bank Transfer **Rs.** _____

Credit carried forward from previous session: **Rs.** _____

Total Rs. _____

Payment

Bank Draft/DD Pay Order Online Transfer | **Amount** _____

Number:

12 empty boxes for entering the number

Name of Bank/Exchange _____

City _____

Country _____

Signature: _____

Date: _____

*Fee to be paid through DD/Pay Order in the name of **Institute of Certified Public Accountants of Pakistan (ICPAP)** or through bank Transfer. Cash or transfer to any staff member/Associate/Coordinator on behalf of ICPAP shall not be entertained. Online Fee Transfer from Abroad is also not acceptable. Now that you have completed the examination form please check that all the required information is present and correct.*

[N.B.]

- Confirmation of receipt by the Institute of Examination Entry Form will be sent to students via email.
- If you do not receive confirmation of receipt of your application within one week of submission please contact the Institute at **+92-51-2853018** immediately.

Each student presenting for examinations of the Institute must have his/her CPA Roll Number Slip at the examination center

I have read, and I agree to abide by the Examination Regulations published on the Institute's website www.icpap.com.pk

Please sign below to confirm the above

Signed _____

Date: ____/____/____
DD MM YEAR

Reg. Number _____