Institute of Certified Public Accountants of Pakistan ICPAP

CPA PAKISTAN

Registration Form

Application for student registration

Closing Dates

If taking July examinations: you must register by 15th April of the same year.

If taking January Examinations: you must register by October 15th of the same year.

To ensure your application is processed quickly please follow these instructions carefully:

- 1. Complete all sections (A-I) in this registration form.
- 2. Attach two colour signed passport photographs.
- 3. Attach correct fees.
- 4. Attach transcripts, national identity card or leaving certificate where applicable.
- 5. Attach copy of CNIC / Passport

Standard Fees for all Applicants

	Local Pakistani	Overseas
	Students	Students
 Registration Fee 	Rs. 31,500	Rs. 33,500
 Exemption/Exam Fee 	Rs. 68,400	Rs. 81,000
 ADPA Certificate 	Rs. 5,000	Rs. 5,000
 PGDPA Certificate 	Rs. 5,000	Rs. 5,000
 Annual Subscription 	Rs. 2,500	Rs. 2,500
 Membership Fee 	<u>Rs. 10,000</u>	<u>Rs. 17 ,500</u>
Total	Rs.122,400	<u>Rs.144,500</u>

Non-Pakistani Students

•	Registration Fee	US\$	200
•	Exemption/Exam Fee	US\$	540
•	ADPA Fee	US\$	75
•	PGDPA Fee	US\$	75
•	Annual Subscription	US\$	50
•	Membership Fee	US\$	300

Exemption Fees

	Pakistani	Overseas	Non-Pakistani
	Students	Students	Students
Module 1 (per subject)	Rs. 3,800	Rs. 4,500	US \$ 30
Module 2 (per subject)	Rs. 3,800	Rs. 4,500	US \$ 30
Module 3 (per subject)	Rs. 3,800	Rs. 4,500	US \$ 30
Module 4 (per subject)	Rs. 3,800	Rs. 4,500	US \$ 30
Module 5 (per subject)	Rs. 3,800	Rs. 4,500	US \$ 30
Module 6 (per subject)	Rs. 3,800	Rs. 4,500	US \$ 30

Once the Institute has accepted you as a registered student, all fees paid are non-refundable. If your application is rejected your fees will be returned. Upon registration all students must pay the annual subscription and pay for all exemptions awarded where applicable.

Disclaimer:

ICPAP does not take responsibility for any illegal/misdeeds actions of its employees, and is not any manner liable to indemnify loss caused to any member, student or third person. However, ICPAP reserves the right to be indemnified by the illegal actions of any student member or third person.

Attach two colour signed photos below

For Office Use Only

Registration Number SRN-

Ref. By:
Fees
Transcript
Information
Other

Section A: Pe	ers	0	n	al	D	e	ta	ils	5 ((BLOC	K CAI	PITALS)																		
Full Name: {First, Middle, Last}	<u></u>	\prod	\prod					Ţ						Ţ							I				Ţ						
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Title (Mr/Mrs/Miss/Ms or other,	please	e sp	ecify):																											
Date of Birth:	\perp																														
Nationality:	\perp		\coprod	_				1	_					Ţ								\rfloor	ı								
Home Address:	Щ			<u> </u>			<u> </u>		<u> </u>																					4	
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Home Telephone Number: +		I										I																			
Mobile Number: +	\underline{I}				I																										
Fax Number:	\Box	I			I							L			I	I															
Email Address:									Ι			I							I												
A valid email address is mandatory. The Institute will send important student information to this email address periodically. The email address will not be passed to 3rd parties and will not be used for non-Institute purposes. Section B: Education (BLOCK CAPITALS) Secondary Education: Date Awarded:																															
Examination:																															
Subject:											_																		_		-
Level:									_		_																		_		-
Grade:						_	_	_			_																				-
FURTHER EDUCATION Masters Degree, Honou Qualification	rs De	egr	ee,	Or	din	ary	Ba	che	lo	rs D	eg	ree,	Dip	lom	a,	Hig	her	Ce	rtifi	cate	e, Co	erti	ifico	ate	or	· Pr	ofe	ssic	na	I	
University/College/Profession	onal E	3od	У			(Qua	lifico	atic	n				Co	our	se Le	eng	th				D	ate	Αv	var	ded					
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Section C: Employment (BLOCK CAPITALS)														
Are you currently in employment (please ✓ tick the appropriate box) ☐ Yes ☐ No														
Company Name:														
Address:														
Business Telephone Number:														
Employment Category (ple	ase tick the appr	ropriate box)												
☐ Manufacturing ☐ Tourism	Construction	Professional Retail/Distribution Transport Service												
☐ Financial State ☐ Organisat	tion/Local Authority	☐ Public Practice ☐ Unemployed Full ☐ Time Student												
Main Business of Organisation:														
Current Position Held:														
Date Employment Commenced:														
Name Of Supervisor or Manager:														
Section D: Ent	*	Section E: Application for Exemptions If you are a holder of a recognised Masters Degree, Honours Degree, Ordinary Bachelors Degree, Diplo												
Routes Into Stud	ent	ma, Higher Certificate, Certificate or other Professional Qualification you may be granted exemptions under Institute guidelines. Please contact the Institute before completing this section for further infor-												
Membership I wish to apply for student	membership	mation on YOUR exemptions. Never start a CPA program of study without verification of exemptions in writing from the Institute's Executive Council. I hereby apply for exemptions from the following examination(s) of the Institute or part thereof: (Please												
of the CPA on the basis of (please select Route 1, 2 or	•	tick appropriate box)												
the appropriate box)	5 by ticking	MODULE-1 FUNDAMENTALS 1 Business English and Communication 1 Corporate Law and Governance 1 Corporate Law and Governance 1 Corporate Law and Governance 1 Corporate Law and Governance 1 Corporate Law and Governance 1												
Route 1		2 Economic Analysis and Business Environment 2 Advanced Performance Management 3 Advanced Management Accounting												
Previous qualifica exemptions are a		MODULE-2 KNOWLEDGE MODULE-2 KNOWLEDGE												
CPA.	·	1 Financial Accounting 2 Advanced Auditing and Assurance												
Mature Student		Financial Management OR												
Previous qualifica partial exemption		MODULE-3 ESSENTIALS 1 Mercantile Law 1 Forensic Accounting 2 Fraud Investigation and Audit												
by CPA. Route 3		2 Audit and Assurance 3 Anti Money Laundering Measures and Business Ethics												
Fresh, Non-Comme	rce Graduates	3 Information Technology Management, Audit & Control 1 Capital Market and Financial Planning												
Please see www.cpa.com.p	h for further	MDDULE-4 SKILLS 2 Advanced Risk Management 3 Retail and Consumer Banking Operations												
details.	A TOT TUTLINE	2 Business Analysis and Decision Making 3 Financial and Corporate Reporting 1 Human Resource Accounting and Auditing												
		Human Resource Management												
		3 Human Resource Planning and Development												

Section F: Why You Decided to Section H: Declaration Join CPA Program I hereby apply for Student Membership of the Certified Public Accountants. I war-Which one of the following influenced you the most to rant if admitted, that as long as I remain a Student Member of the Institute, I will join the CPA Program (Please tick one box below) observe all the Articles, Bye-laws, Rules and Regulations of the Institute Member of the ICPAP (www.icpap.com.pk). I warrant that I truthfully and fully answered all questions in this Student Registration Form. I understand that in addition to passing the exami-Lecturer/Course Tutor nations, when applying for admission to membership of the Institute, I must have at least three years relevant supervised training/experience. I understand that Class Visit Institute Representative until such time as my application for membership has been accepted, I am not CPA Literature entitled to use the designatory letters ACPA of ICPAP or refer myself as being qualified. I enclose all documents required and have completed the attached. Once ICPAP Coordinator the Institute has accepted as a registered student, all fees paid are non-Advertising On Newspapers refundable. I also undertake that if any information supplied is found to be incor-Social Networks /ICPAP Website rect, my registration may be cancelled. Career Guidance Teacher Other CPA Students Signature: Date: Other Section I: Payment Section G: Recommendation In respect of the registration fee, annual subscription fee and if applicable exemptions fees. This section must be signed by either a member of the Institute, an employ-Cash Direct Deposit Amount er, a course tutor or a person of professional standing (CPA Member, quali-Online Transfer fied accountant, solicitor, garda, etc.) Trans. Ref. Number: Name of Bank/Exchange hereby recommend City as a student of the Institute. To the best of my knowledge and belief, Country Signature: the information provided in Sections A, B and C is correct. Signature: Now that you have completed the registration form please check that all the required information is present and correct. Date: Professional Qualification: Position Held: Checklist Business Address: All relevant details on the registration form are complete Documentary evidence of qualifications/Leaving Certificate Tel Number: ■ National Identity Card/Passport Email: Correct fees Remarks Two colour signed photographs Recommendation is signed and dated

Institute of Certified Public Accountants of Pakistan

Plot 13, Street 42, Sector F-8/1, Johar Road, Islamabad—Pakistan.

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Email admissions@icpap.com.pk Web www.icpap.com.pk



Declaration is signed and dated.

ONCE ACCEPTED AS A REGISTERED STUDENT OF THE CPA PROGRAM YOU WILL RECEIVE:

- Student Registration Letter
- Confirmation of exemptions (if applicable)
- Training Requirements and Competence Development
- CPA syllabus of examinations , including examinable material
- Document and recommended reading list