

Registered Tuition Provider Application

ICPAP is looking to partner with suitably qualified, experienced and reputable tuition providers to expand the learning options and support to CPA Program candidates/students.

This application should be completed, signed and returned for the individual applying to become a Registered Tuition Provider for the CPA Program. Please refer to the *Tuition Provider Guidelines and the Tuition Provider Agreement when completing this application*.

Applicant details				
Provider name:				
Address:				
Faculty/business unit:				
Campus/venue:				
Contact name: Email:		Position: Mobile/Telephone:		
Applicant Requirement				
Please indicate that attached to the become a Registered Tuition Provi		nonstrates the selection crit	eria are met for consideration by ICPAP	
Requirements/Pre-Requisites				
1. Copy of NIC/Passport (to be att	ached)			
2. Campus/venue facilities (to be attached)			ATTACH I COLOUR	
3. Staffing (if any) (to be attached)			PHOTO HERE	
4. Policies and procedures (to be attached)				
5. 1 Passport size color photo (to	be attached)			
6. NTN (if available) (to be attache	d)			
7. Intended course structure (page cpaprog@icpap.com.pk	e 2) All queries relating to the tuition pr	ovider registration or compl	eting this form should be forwarded to:	
Authorisation notice				
	rul, ICPAP will contact the applicant with	·	completed application with notice of the had confirmation letter.	
I acknowledge that I have read an	d agree to the terms and conditions o	f the Tuition Provider Agree	ement.	
Signature:		Date	e: / /	
Name:				
	Λnn	ual subscription paid up to:	0.4 J	

Intended course structure

In this section, the applicant is to provide details of the proposed tuition services that will be offered to CPA Program candidates.

Tuition type				
Tick the program level of tuition and segments/units that you	are proposing to offer:			
☐ MODULE-4 SKILLS	OR			
☐ S-40I Taxation Laws	☐ SP-611 Forensic Accounting			
S-402 Business Analysis and Decision Making	☐ SP-612 Fraud Investigation and Audit			
□ S-403 Financial and Corporate Reporting	SP-613 Anti Money Laundering Measures and Business Ethics OR			
☐ MODULE-5 PROFESSIONAL	☐ SP-621 Capital Market and Financial Planning			
☐ S-501 Corporate Law and Governance	☐ SP-622 Advanced Risk Management			
☐ S-502 Advanced Performance Management	☐ SP-623 Retail and Consumer Banking Operations			
S-503 Advanced Management Accounting	OR			
☐ MODULE-6 SPECIALIZATION	SP-631 Human Resource Accounting and Auditing			
SP-601 Advanced Taxation	☐ SP-632 Human Resource Management			
☐ SP-602 Advanced Auditing and Assurance	☐ SP-633 Human Resource Planning and Development			
☐ SP-603 Advanced Financial Management				
When you propose to commence offering the tuition? What campuses/venues will the proposed tuition be offered. When will the proposed tuition be offered? Week days	d at?			
·				
How many hours of the proposed tuition will be offered to candidates per week? What are the proposed tuition foce for candidates?				
What are the proposed tuition fees for candidates? Other – will there be any extra support offered for the candidates?				
will there be any extra support offered for the cand	indico:			
Other information				
Do you provide tuition services for any other professional bo	dy?			
□ No □ Yes If yes, please outline □	ove very secondative councils or staff?			
Do you have any interest in or connection to ICPAP, its direct	ors, representative councils or starr?			
Send the completed application form to				
u i				

Mail:



Plot No.13, Street 42, Sector F-8/1, Islamabad-44000, Pakistan Email: completed form can be sent to cpaprog@icpap.com.pk