

**APPLICATION FOR
ADMISSION TO
ASSOCIATE
MEMBERSHIP**



*The Association of
Certified
Public Accountants
International*



FOR OFFICIAL USE ONLY

Date received _____

Reference No. _____

Council Meeting _____

Reference No. _____

NAME OF APPLICANT

Surname _____

First Names _____

Private Address _____

FORMAL APPLICATION FOR MEMBERSHIP

To the Council of the Association of Certified Public Accountants International

I hereby apply for admission to Associate Membership of the Association of Certified Public Accountants (Int) in UK.

I warrant if admitted that as long as I remain a member of the Association I will observe all the Articles, Bye-Laws, rules and regulations of the Association made from time to time by the Council. I have read the Articles, Bye-Laws, and Code of Professional Ethics, Conduct and Practice supplied to me with the application form and understand the obligations imposed on me by them.

I warrant that I have truthfully and fully answered the question in Sections A to D.

I hereby authorize the Association of Certified Public Accountants (Int) in UK to take up such references and make such enquires as are necessary to consider this application.

Date: _____ Signature: _____

BLOCK LETTERS _____

A. PERSONAL DETAILS

A1. Full Names

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A2. Date of Birth

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A3. Place of birth

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A4. Nationality

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A5. Name and Address of Employers

Name	_____	Tel:	_____
Address	_____	Fax	_____
	_____	Email	_____

A6. Nature of Business (*please tick appropriate*)

Industry Services	<input type="checkbox"/>	Practice	<input type="checkbox"/>
Industry Manufacturing	<input type="checkbox"/>	Public Sector	<input type="checkbox"/>
Financial Services	<input type="checkbox"/>		
Other	_____		

A7. Description of Position held at present

Job Title	
Main Responsibilities	

B. QUALIFICATIONS AND EXPERIENCE

B1. "Higher Education" includes all degrees, diplomas and certificates of higher or further education. Please state the nature of the qualification, the educational establishment which issued it and the date passed or conferred.

Examination/Degree	Examining Body	Date Passed

B2. Outline the practical experience you have gained in your employment to date under the following headings. The information to be in addition to the details of Training Records, where such a record forms part of the application.

Employer to date	From	To	Job Title	Reasons for leaving

B3. If any gaps in the employment sequence at B.2 – please explain

B4. May this Institute take up references from previous Employers

YES

NO

If NO – explain why

C. YOUR PAST RECORD

Please answer all questions below by referring to facts and events over the past six years unless requested otherwise.

C1	Have you ever been engaged in ,are engaged in a civil litigation	<input type="checkbox"/> YES	<input type="checkbox"/> NO
C2	In the past six years have you:		
	• failed to satisfy any judgment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	• made any compromise or arrangements with your creditors?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	• Ceased trading whether as a sole trader or a partner in circumstances in which creditors did not receive full payment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	• been declared bankrupt?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
C3	In the last six years have you been the director of a company which has gone into liquidation or receivership, had an administrator appointed or entered into any arrangement with its creditors either while you were a director or within three years following your ceasing to be a director?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
C4	Are you aware of any allegations of negligence involving you which have been formally notified to you or to you employer's in the last 10 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
C5	Have you been convicted of any criminal offence in a civil or military court in UK or elsewhere?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
C6	Have you ever been subject to an order from a regulatory body?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
C7	Have you been refused entry to, or have you at any time ceased to be a member of any profession or vocation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
C8	Have you ever been dismissed or requested to resign from any office, or employment or position of trust?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
C9	Has anybody made written complaints relating to services of activities provide by your business during the past twelve months?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

D. REFERENCES

D1. This application for membership of the CPA Association is required to be submitted with two References.

One reference is required from a principal at your present or past employment.

A second Reference is required from a member of the Association

D2. Reference No 1.

Name	Job Title:
	Professional Qualification:
Address:	

D3. Reference No 2 – A member of the Association

Name	Job Title:
	Professional Qualification:
Address:	