



## ANNUAL MEMBERSHIP RENEWAL FORM INDIVIDUAL MEMBER

The Kampuchea Institute of Certified Public Accountants and Auditors collects the information from its members using the Annual Renewal Form sent to members as part of the annual review package. The Form must be carefully completed, signed, and returned to the KICPAA Secretariat on **31<sup>st</sup> December each year**. Failure to provide this form or the information requested which could result in suspension of registration. It is the responsibility of every member to ensure that the Institute has its current mailing address on file. Members are required to advise the Institute of their change of address within 30 days of the change and email this change to the KICPAA Secretariat.

- The Form must be completed by YOU;
- The Forms must be completed in full and signed; otherwise it will be returned to you as incomplete;
- It is professional misconduct to make a false or misleading report to the KICPAA Secretariat
- Incomplete forms cannot be processed and will delay the renewal of your membership

Once completed sent to:

**KICPAA Secretariat**

8<sup>th</sup> Floor, VTRUST Tower, Street 169, Sangkat Veal Vong, Khan 7 Makara,

Phnom Penh, Cambodia

Tel: (855) 23 231 707

Email: [membership@kicpaa.org](mailto:membership@kicpaa.org)

Att: **Chantreathyda HENG (Miss)**, Membership Assistant

## MEMBER'S DETAILS

Full Name:

Membership No:

Admission Date:

Membership Category:

Active

Affiliate

Student

Gender:

Male

Female

Email:

Personal Email:

Mobile Phone:

Mailing Address:

## EMPLOYMENT DETAILS

### A. JOB CATEGORY

Which one of the categories below best describes your work?

#### For Practitioner (Active Member)

General practising services; or specialising in:

Audits

Management consultancy

Insolvency

Bookkeeping

Taxation

Advisory services

Other (Pls specify).....

#### For Non-Practitioner (Affiliate Member)

Internal Audits

Bookkeeping

Taxation

Payroll

Financial

- All of above
- Others (Pls specify).....

Name of your company.....

**B. NUMBER OF PARTNERS/DIRECTORS**

- 1 – 3
- 4 – 6
- 7 – 9
- 10 – 15
- More than 15

**C. CONFIRM YOU ARE CURRENTLY NOT WORKING IN OTHER BUSINESS (This section is only required Active Member to confirm)**

- Yes, I'm working in other business
- No, I'm not working in other business

Regarding By-Law of KICPAA, Section 48 of Chapter II – Members of the Institute states that the functions of an active member of the Institute practising the profession of certified public accountants or auditors shall be incompatible with any occupation or action likely to impair their independence.

**D. YOUR POSITION**

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**E. FOREIGN MEMBER OF KICPAA**

Currently KICPAA recognises membership of other institutes which are internationally recognised. To make sure you are still a good standing member of this institute, please indicate the following:

Name of the Institute: .....

Membership Number: ..... Date of Admission: .....

Practising Certificate: ..... Date of Renewal: .....

**F. NOT RENEWING**

I do not wish to renew my membership and confirm that I will abide by the continuing obligations under the regulations and/or guidelines issued or that may be issued by the Governing Council of the Institute. I am aware that should I undertake any public practice without valid membership, I may be required to answer a complaint before the Institute's disciplinary committee.

Member's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**G. DECLARATION**

In signing this renewal form I confirm that I will abide by the regulations and/or guidelines that have been issued or will be issued by the Governing Council of the Institute. In particular, I am aware that the Governing Council may refuse to renew my membership if I am found not to be complying with Code of Ethics for Professional Accountants and Auditors and Regulations of KICPAA.

I confirm that to the best of my knowledge, the information given in this form is correct.

Member's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR KICPAA'S OFFICIAL USE ONLY**

Form Received By: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_