APPLICATION FORM FOR APPLYING FOR AN INDIV IDUAL MEMEBR

4 x 6
Photo

1 CHOICE OF MEMBERSHIP

Apply for:

☐ Active Member (Auditor) ☐ Active Member (Accountant) ☐ Affiliate Member

☐ Associate Member ☐ Student Member

Purpose of acquiring KICPAA membership

2 PERSONAL DETAILS

Khmer Name : _____

Name in English: _____ Last Name _____ First Name

Date of Birth: _____ Nationality: _____

Title: ☐ Mr. ☐ Ms. ☐ Dr. ☐ Other Marital Status: ☐ Single ☐ Married

ID Card # _____ Passport # _____

Tel: _____ Personal Email: _____

Secondary Tel: _____ Workplace Email: _____

Resident Address:

Contact Address:

3 QUALIFICATIONS

Academic Qualifications

Level of Education: _____

Major: _____ Institution Name: _____

Professional Membership

Please indicate the professional body or bodies of which you are a member:

Institute Name: _____

Admission Date: _____

Institute Name: _____

Admission Date: _____

4 CURRENT EMPLOYMENT

Company Name: _____ Your Position: _____

Business Category: _____

Company address:

Contact person:

Name: _____ Position: _____

Tel: _____ Email: _____

5 DECLARATION

Please answer the following questions by ticking in the boxes at the right-hand side where appropriate. For any "**Yes**", please details in the space below. Please attach a separate sheet if more space is required.

- Have you ever been convicted of any criminal offence? ☐ Yes ☐ No

- Have you ever been a subject of any investigation by governmental, statutory or professional in respect of any offence involving dishonesty or any complaint for professional misconduct ☐ Yes ☐ No

- Have you ever been refused entry to any professional body or has your membership or registration with such body terminated or suspended? ☐ Yes ☐ No

- Have you been a member of KICPAA previously? ☐ Yes ☐ No

Reason:

I declare that the information provided in this application is true to the best of my knowledge and belief. I understand that any false or misleading statement in this form could lead to disciplinary action being taken against me and/or may invalidate any decision reached on this application. I shall observe and abide by the KICPAA's By-Law, Code Ethics and others related regulation if I am admitted as a member of KICPAA.

Signature: _____ Date: _____

NB: Registration as a member of the KICPAA is subject to the final decision of the Registration and Membership Committee.

6 FEES

Application Fee

The application fee is payable to the KICPAA and must accompany this application. The application fee is not refundable.

No.	Individual Membership Category	Application Fee (Riel)	
		Local	Foreigner
1	Active Member	415,000	415,000
2	Affiliate Member	415,000	415,000
3	Associate Member	208,000	208,000
4	Student Member	21,000	21,000

Annual Membership Fee

The annual membership fee is due upon approval of your membership by the Registration Committee. The membership fee is payable on an annual basis thereafter.

No.	Individual Membership Category	Annual Fee (Riel)	
		Local	Foreign
1	Active Member	623,000	1,245,000
2	Affiliate Member	415,000	830,000
3	Associate Member	208,000	415,000
4	Student Member	42,000	42,000

7 CHECKLIST OF APPLICATION

Application will only be processed if the application is completed and signed, with all supporting documents and fee payment attached. Kindly ensure that you have:

- **a.** Attached 1 (4 x 6) Photo
- **b.** Certified true copies of your academic and professional certificates
- **c.** Updated C.V in detail attached with notification of employment of each company
- **d.** A copy of your passport or an Identification Card
- **e.** Good-standing letter from your professional Institution (Foreigner Only)
- **f.** Official translations of any documents not in Khmer or English
- **g.** Receipt of Payment on Application Fee

For enquiries, please contact KICPAA Secretariat at the address provided below:

8 FEES

Please send your completed application with payment to:

KICPAA Secretariat,

Kampuchea Institute of Certified Public Accountants and Auditors (KICPAA)

Address: 8th Floor, Vtrust Tower, Street Czech Repulic Blvd (169), Phnom Penh, Kingdom of Cambodia

- **Website:** www.kicpaa.org
- **Telephone:** (+855) 23 23 17 07
- **Mobile Phone:** (+855) 77 24 17 07
- **Telegram and Whatsapp:** (+855) 77 24 17 07
- **Email:** membership@kicpaa.org

9 FOR OFFICER USE ONLY

Application Number: _____ Received Date: _____

Payment of Application: ☐ Yes ☐ No _____ Amount: _____

(Must attach the receipt in this application form)

Application Status: ☐ Approve ☐ Disapprove

Approved Date: _____ Approved Membership-Type: _____

Admiration Date: _____ Membership ID: _____

Attached: ☐ Approval Letter ☐ Membership Certificate