

REINSTATEMENT APPLICATION OF MEMBERSHIP CORPORATE MEMBER

Corporate Name:	
Membership ID:	Member's Category <input type="checkbox"/> Accounting Service <input type="checkbox"/> Accounting and Auditing Service
Nature of Firm: <input type="checkbox"/> Audit <input type="checkbox"/> Accounting <input type="checkbox"/> Tax <input type="checkbox"/> Other related services <small>(Firm Membership Requirement: MOA, VAT and Patent Certificate, and Shareholders' CV)</small>	
Tax Identification Number (TIN):	
Main Business:	Owner's Name:
Current Email Address:	
Phone Number:	
Total Number of employees and employers in the firm: <input type="checkbox"/> 01-10 <input type="checkbox"/> 11-30 <input type="checkbox"/> 31-60 <input type="checkbox"/> More than 60	
Request to re-active my membership start at (year): / /	

Applicant's Signature _____

Date _____ / _____ / _____

Note: If your request approved, your membership status will be re-activated immediately. The invoice of annual membership fee (full amount) will be sent to you in due course.

History Record (For office use only)

Membership ID:	Admission Date: / /	Outstanding Payment: <input type="checkbox"/> (Yes (_____ to _____)) <input type="checkbox"/> No
Submission of Renewal Form – Not Renewing (dd/mm/yy): / /		Not informing KICPAA Secretariat quit since (Y): / /
Signature: _____ Name: _____ Date: _____ / /		

Reinstatement decision made by:

- Approved
- Denied

_____ / /
Authorized Signature Title Name Date