



APPLICATION FORM FOR CORPORATE MEMBERSHIP

1 CHOICE OF MEMBERSHIP

Please refer to Article 39 of the KICPAA's By-Laws and insert a tick in the appropriate box to indicate the type of practice your firm seek membership.

I am willing to apply for KICPAA Firm Member that will serve:

☐ Accounting Service

☐ Accounting and Auditing Services

2 COMPANY DETAILS

Company Name (KH): _____

Company Name (EN): _____

Form of Entity: _____ Registration Date: _____

Registered Capital: _____ Paid up Capital: _____

VATTIN No: _____

Main Business Activities: _____

Firm Owner: _____

Company Address:

Telephone: _____ Email: _____ Website: _____

If your firm is a multinational company, please indicate the country in which its headquarter is based.

Headquarter:

3 COMPANY REPRESENTATIVE

Name: _____ Position: _____

Date of Birth: _____ Nationality: _____

Place of Birth: _____

Personal Contact: _____ Email: _____

4 SIGNING PARTNERS / DIRECTORS

Please list below the particulars of the **Signing Partners/ Directors** of the firm and attach his or her curriculum vitae with the application.

1. Name and Address of Partner/ Director

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2. Name and Address of Partner/ Director

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3. Name and Address of Partner/ Director

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4. Name and Address of Partner/ Director

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Note: If your firm has more signing partners/directors than the box given, please indicate them all in a separate sheet.

5 BUSINESS CATEGORY

Which best describes your organization? ☐ National ☐ Multinational ☐ Affiliation

Please indicate the **Number of Partners/ Directors** in your firm.

☐ Sole Practitioner ☐ Between 2-10 ☐ Between 11-50 ☐ Between 11-50

Please indicate the **Type of Service** provided by your firm.

☐ Assurance ☐ Accounting ☐ Taxation ☐ Information Technology

☐ Legal ☐ Deal ☐ Consult ☐ Insolvency

☐ Other (Please specify) _____

Please indicate the Number of Employees in your firm.

☐ Between 1-10 ☐ Between 11-30 ☐ Between 31-60 ☐ More than 60

6 DECLARATION

I hereby declare that to the best of my knowledge and belief, the information given in this application is true and correct.

I also declare to the firm adheres to the KICPAA's By-Law and Code of Ethics.

I also declare that the firm has never been convicted of any offences.

Date _____ Signature _____

The declaration must be signed by the authorized representative of the firm whose name stated above.

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

7 FEES

Application Fee

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

No.	Legal Entity Membership Category	Application Fee (Riel)	
		Local	Foreign
1	Application for Active Firm Member	623,000	623,000

No.	Legal Entity Membership Category	Application Fee (Riel)
		Local
1	Application for Affiliate Firm Member	415,000
2	Application for Associate Firm Member	623,000

Annual Membership Fee

The annual membership fee is due upon approval of your membership by the Registration Committee.

No.	Legal Entity Membership Category	Annual Fee (Riel)	
		Local	Foreign
1	Member firm employing 01-10 employees	3,113,000	6,225,000
2	Member firm employing 11-30 employees	6,225,000	12,450,000
3	Member firm employing 31-60 employees	10,375,000	16,600,000
4	Member firm employing more than 60 employees	14,525,000	20,750,000

8 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:

- Certified true-copies of the latest Memorandum and Articles of Association and Certificate of Incorporation
- Main Business Activities in the Memorandum of Articles must be Accounting and/or Auditing Services
- Certified true-copies of Patent and VATTIN Certificate issued by General Department of Taxation and have the name of Active Member, Affiliate Member, and Associate Members as a firm owner.
- The curriculum vitae of all the signing partners
- Receipts of Payment on the application fee.

9 RETURN ADDRESS

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 Republic 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:** (+855) 77 24 17 07
- **Email:** membership@kicpaa.org

10 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