

Application for Admission to Associate/Fellow Membership

PERSONAL INFORMATION

Date of Birth ____/____/____
DD MM YEAR

Gender: Male Female

Mr. Mrs. Miss Ms.

ACIA FCIA

First Name: _____ Initial: _____ Surname: _____

Preferred Name: _____ CNIC/Passport Number: _____

Home Address: _____ City: _____

Province: _____ Country: _____ Postal Code: _____

Home Phone: () _____ Home E-mail Address: _____

Mobile Number: () _____ *This is my preferred mailing address (please tick)*

CPA Student/Membership Number: _____ Date Admitted by ACIA : _____

Date Admitted as FCIA: _____
(if applicable)

Degrees or designations (other than CIA): _____

Institution: _____ Date: _____

Degrees or designations (other than CIA): _____

Institution: _____ Date: _____

Degrees or designations (other than CIA): _____

Institution: _____ Date: _____

Degrees or designations (other than CIA): _____

Institution: _____ Date: _____

Degrees or designations (other than CIA): _____

Institution: _____ Date: _____

Degrees or designations (other than CIA): _____

Institution: _____ Date: _____

Degrees or designations (other than CIA): _____

Institution: _____ Date: _____

EMPLOYMENT INFORMATION

Your Employer's Name: _____

Your Job Title: _____

Your Employer's Address: _____ City: _____

Province: _____ Country: _____ Postal Code: _____

Work Phone: () _____ Work E-mail Address: _____

This is my preferred mailing address (please tick)

Application for Admission to Associate Membership

DECLARATION

In providing personal information on this form (and any other information collected and maintained in the course of the application process) and signing the document I consent to its use for the purposes of:

1. regulating applicants in accordance with the provisions of the Institute by-laws, and the Code of Ethical Principles and Rules of Conduct;
2. admission to membership;
3. processing payments; and
4. exchanging membership status information, including the disclosure of confidential disciplinary investigation and sanctions with Certified Internal Auditors

Have you ever been convicted of any criminal offence (s) in any jurisdiction? Yes No *(if yes, please attach details)*

At present, do you have any criminal charges outstanding in any jurisdiction? Yes No *(if yes, please attach details)*

Have you ever had a finding of unprofessional conduct or similar finding made against you by **any** professional organization? Yes No *(if yes, please attach details)*

Are you presently the subject of any outstanding complaints or discipline matters with any professional organization with which you are or ever have been registered? Yes No *(if yes, please attach details)*

Have you ever been found guilty of contravening a section of securities regulatory or taxation authority legislation in any jurisdiction? Yes No *(if yes, please attach details)*

Have you ever been declared bankrupt or are you currently the subject of a bankruptcy proceeding? Yes No *(if yes, please attach details)*

The applicant is responsible for ensuring the accuracy of the information contained in this application. Failure to comply with this requirement may lead to termination of membership in the Institute.

I acknowledge that under the terms of the mutual recognition agreement (MRA), admission to the Association requires that I continue to be a member in good standing with Certified Internal Auditor

I also acknowledge that I am required to meet the Association's Entry to Public Practice requirements in the jurisdiction of residence or practice in order to offer public accounting services.

I certify that all statements on this application are true and correct.

Signature: _____ Date: _____