**Lao People's Democratic Republic.**

**Peace Independence Democracy Unity Prosperity**.



ສະພາວິຊາຊີບ ນັກບັນຊີ ແລະ ນັກກວດສອບ

Lao Chamber of Professional Accountants and Auditors

Photo

3x4 cm

No: ......................./LCPAA

Vientiane Capital, date....................

**Registration Application Form**

**For Certified Public Accountant Practical Training**

1. **Personal information**

Name and Surname: .................................................................................................................................

Date of Birth: …………………………………………………………………………………………...

Nationality: .............................................................................................................................................

* **Place of Birth**

Village: …………………………...…………… District/City: ……………………………………….

Country: ……………………………………………………………………………………………….

* **Current residential address**

Village: ……………………………………………………………………………………………….

District/City………………………………………………,Province/State……………………………postal code: ………………………………….. Country: ……………………………………………..

* **Education & Qualification**
* Your field of study: ……………………………………………………………………………….

Your highest education…………………………………, at (the institute): ………………………, in (country): ………………………………………………………………………………………

* Joined Certified Public Accountant Professional Training Program Batch: ………………………

Year of completion: ………………..……………., CPA Student ID: . ………….………………, Certificate of completion of the CPA Professional Program’s No: .………………………………

* **Email address**

Personal Email: ………………………….……………………………………………………………

Office Email: ……………………………………..…………………………………………………..

* **Telephone no:**

Personal telephone number: …………………………….…………… WhatApps No: ………………

Office telephone number: ……………………………………………………………………………..

1. **Working information**

Are you a self-employ?

(…) Yes (Please refer to Letter **a**)

(…) No (Please refer to Letter **b**)

1. **The information of your company**
2. Firm’s name: …………………………………………………………………………………..
3. Your firm’s LCPAA membership number (if any): ……………………………………………
4. Your firm’s Tax Identification Number (TIN): ………………………………………………..
5. Type of activities: ………………………………………………………………………………
6. Year of establishing your firm: …………………..……………………………………………
7. Number of employees in your organization: …………………………………………………
8. Your firm’s current address: …………………………………………………………………

……………………………………………………………………………………………………..………………………………..…………………………………………………………………………………………………………………………………………………………………………...……………………………………………………………………………………

1. **The information of your current working place**
2. Name of Organization: …………………………………………………………………………
3. Current position………………...................................................................................................
4. Organization’s address…………………………………………………………………………

…….……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. How long have you been working here?: ………………………………………………………
2. Employers’ contact information

Name and surname of employer……………………………………………………………………

Email dress…………………………………….…………. Telephone number…………………...

1. **Mentor information**

Have you identified a mentor?

(…) Yes (Please refer to **a**)

(…) No (Please refer to **b**)

1. **Mentor’s contact information**
2. Name and surname of Mentor………………………………………………………………….
3. Name of organization……………………………………………………………………………
4. Email address……………………………………………………………………………………
5. Telephone Number………………………………WhatsApp No:.………….………..………..
6. **If you haven’t identified a mentor** you may apply to be mentored by a remote mentor you will select on the list established by the Education Committee. In this case, you will be asked to pay fees to the LCPAA for this service.

In this case you may contact the Remote mentor to be your mentor by choosing one of the suitable mentors on the list provide by LCPAA and ask mentor to provide letter to prove that he/she agree to be your mentor**.**

1. **Practical Training Route**

 Please Indicate which Practical Training Route you have chosen

 **Route** : **🞎 Auditing 🞎 Accounting 🞎 Corporate Management**

Choose your option area: ………………………………………………………………………

At: ……………………………………., date: ………………

Signature of applicant

**Supporting document**

1. 02 (3x4) photos
2. Copy of the certificate of completion of Certified Public Accountant Professional Training Program
3. Copy of ID/passport
4. Acceptance letter from mentor
5. Provide your signature on written statement on the trainee’s commitment to strictly comply with all the requirement of this regulation **(Commitment Statement)**
6. Payment slip of required fees.

**For Education Committee only\***