

FORM 1

APPLICATION FOR ASEAN CHARTERED PROFESSIONAL ACCOUNTANT (ACPA)

(To be completed by Applicant in BLOCK LETTERS)

Name of Accountant Applicant (As in Passport) :
Name of Country of Origin :
Academic Qualification Obtained :.
Qualification Place and date obtained :
LCPAA practicing Membership / Lao CPA Registration No* :
(Country of Origin)
LCPAA practicing Membership / Lao CPA Registration Date* :

ASEAN CHARTERED PROFESSIONAL ACCOUNTANTS Register (ACPAR):

Certified Compliance with ACPA Criteria:

Completed an accredited or recognised accountancy program, or assessed recognized Equivalent	
Been assessed within their own country as eligible for LCPAA or other recognised professional accountancy body membership	
Gained a minimum of not less than three (3) years cumulatively within a five (5) year period of relevant practical experience prior to application	
Complied with the Continuing Professional Development policy of the Country of Origin	
Confirmed signature on statement of compliance with codes of ethics	

Applicant's signature :

For Official Use Only			
ACPA MC	:	Meeting Date	:
	(Name of Country of Origin)		
Result	:	Approval Date	:
ACPA No	:	Registration Fee	:
Secretary General	:	Cashier	:

FORM 2
RELEVANT PRACTICAL EXPERIENCE FOR ASEAN CHARTERED PROFESSIONAL
ACCOUNTANT REGISTRATION

Name of Accountant Applicant (As in Passport) :

Name Title (Mr., Mrs, Ms., Ar., Dr.) :

Qualification Place and date obtained :

LCPAA practicing Membership / Accountant Registration No* :
.....

(Country of Origin)

LCPAA practicing Membership / Accountant Registration Date* :
.....

Qualification :

Date of Birth (DD/MM/YY) :/...../.....

Mailing Address :

Postcode :

Country :

Present Company/Organisation Name :

Company/Organisation Address :

Postcode :

Country :

I wish to be registered on the ASEAN Chartered Professional Accountant Register (ACPAR) and apply as described below in accordance with the provision that requires acquisition of relevant practical experience of minimum three (3) years cumulatively within a five (5) year period prior to application.

FORM 3
RELEVANT PRACTICAL EXPERIENCE FOR ASEAN CHARTERED PROFESSIONAL
ACCOUNTANT REGISTRATION

Relevant Professional Accountancy Work Experience Record

Start Date / End Date (Months)	Organisation(s) / Position / Designation	Responsibility / Scope of Work	Attestant's Information (Note 1)		
			Signature	Relationship to Applicant	Tel / Email

Note 1: The attestant above shall be, in principle, the representative of the organisation which the applicant has worked for.

To ASEAN Chartered Professional Accountant Monitoring Committee,

I hereby declare that the above descriptions are true to the best of my knowledge.

Signature :

Accountant Applicant's name :

Date :

**DECLARATION FOR THE APPLICATION AS
ASEAN CHARTERED PROFESSIONAL ACCOUNTANT (ACPA)**

I hereby declare that:

	YES	NO
I am an Accountant and complied CPD requirements	<input type="checkbox"/>	<input type="checkbox"/>
I meet the entire requirement as stated in Article 4 of the ASEAN Mutual Recognition Arrangement (MRA)	<input type="checkbox"/>	<input type="checkbox"/>
No disciplinary action have been taken against me	<input type="checkbox"/>	<input type="checkbox"/>
I am not a bankrupt	<input type="checkbox"/>	<input type="checkbox"/>

Others:

.....
.....
.....

Yours Sincerely,

.....

Name :

Identity Card No. :

LCPAA practicing Membership / Accountant Reg. No. :

Date :