



To: ICPAS Member Services
6 Raffles Quay
#23-00
Singapore 048580
Tel: 6532 5312
Fax: 6438 9623

Name: _____ NRIC: _____ Contact No: _____

Tick where appropriate:

Payment For

1. Membership Application

Provisional Non-Practising Practising Member-In-Retirement

2. Renewal Subscription

Provisional Non-Practising Practising Member-In-Retirement

3. Purchase of ICPAS Members' Handbook CD

4. Others _____

Cheque Details

Cheque No. : _____ (payable to ICPAS) Amount: S\$ _____

Please indicate your name, NRIC number, contact number behind the cheque and mail to address stated above

Credit Card Details

I, hereby authorize Institute of Certified Public Accountants of Singapore to charge to my credit card of which the details are given below.

Credit Card: VISA MasterCard AMEX

Credit Card No: _____ - _____ - _____ - _____

Card Expiry Date: ___ / ___ (MM/YY)

Cardholder's Name: _____

Cardholder Signature: _____ Amount: S\$ _____

For Official Use:

Receipt no: _____ Remarks: _____