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**Institute of  
Certified Public Accountants  
of Singapore**

**APPLICATION FOR ADMISSION TO MEMBERSHIP  
AS A NON-PRACTISING MEMBER**

Name: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Date received: \_\_\_\_\_

Membership no: \_\_\_\_\_

Cheque no: \_\_\_\_\_

Approved date: \_\_\_\_\_

Receipt no: \_\_\_\_\_

**1. PERSONAL PARTICULARS**Please tick  where appropriate

\*IC No. / FIN No.: \_\_\_\_\_

Nationality:  Singaporean  Others (specify) \_\_\_\_\_Singapore PR:  Yes  No  N.A.Marital Status:  Single  Married Home Address: \_\_\_\_\_  
\_\_\_\_\_

Tel No.: \_\_\_\_\_ (H) \_\_\_\_\_ (Mobile)

Email Address: \_\_\_\_\_

Present Employer: \_\_\_\_\_

Position Title: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_

Office No: \_\_\_\_\_ Fax: \_\_\_\_\_

Preferred Mailing Address:  Residential  Business**2. PRE-ADMISSION AND PROFICIENCY IN LOCAL LAWS REQUIREMENTS**

Please complete the following:

(a) I have completed my Pre-Admission course, prescribed by the Institute, on

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
dd mm yyyy

(b) I have proficiency in Singapore Company Law and Singapore Taxation

 I have passed two papers in Singapore Company Law and Taxation.

or

 I have not less than 2 years of relevant local experience in the above two areas.3. **PRACTICAL EXPERIENCE** (In chronological order. Please attach a separate sheet if more space is required. Each testimonial should specify the period of your employment, with the exact commencement and cessation dates, your job title and a detailed description of your duties.)

From (Date)	To (Date)	Company	Designation	Job Duties

From (Date)	To (Date)	Company	Designation	Job Duties

From (Date)	To (Date)	Company	Designation	Job Duties

From (Date)	To (Date)	Company	Designation	Job Duties

#### 4. TWO CHARACTER REFEREES

Must not be immediate family members or close relative of applicant.

**A** From a current CPA of the Institute of Certified Public Accountants of Singapore or a full member of an accountancy body recognised by the Institute's Council for membership purpose.

I, the undersigned, have known the applicant favourably (insert name of applicant) \_\_\_\_\_ for \_\_\_\_\_ years, recommend him or her to membership of ICPAS, believing him or her from personal knowledge to be a fit and proper person to be admitted to the membership register.

Name: \_\_\_\_\_ Membership No.: \_\_\_\_\_

Name of Accountancy Body: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**B** From the applicant's present employer, or if not employed, the immediate past employer or tutor.

I, the undersigned, have known the applicant favourably (insert name of applicant) \_\_\_\_\_ for \_\_\_\_\_ years, support his or her application for membership of ICPAS, believing him or her from personal knowledge to be a fit and proper person to be admitted to the membership register.

Name: \_\_\_\_\_

Position Title: \_\_\_\_\_ Office No: \_\_\_\_\_

Business Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**5. DECLARATION**

Please answer the following questions by ticking  where appropriate. For any "Yes", please provide details in the space below. Please attach a separate sheet if more space is required.

- (i) Have you ever been convicted of any criminal offence?  Yes  No
- (ii) Have you ever been adjudged a bankrupt or made an assignment for the benefit of your creditors?  Yes  No
- (iii) Have you ever been a subject of any investigation by governmental, statutory or professional in respect of any offence involving dishonesty or any complaint for professional misconduct?  Yes  No
- (iv) Have you been refused entry to any professional body or have your membership or registration with such body terminated or suspended?  Yes  No
- (v) Have you been a member of ICPAS previously?  Yes  No
- 
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I declare that the information provided in this application is true and to the best of my knowledge and belief. I understand that any false or misleading statement in this form could lead to disciplinary action being taken against me and/or may invalidate any decision reached on this application. I shall observe and abide by the Rules and Regulations of the Institute if I am admitted as a member of ICPAS.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**6. NON-PRACTISING MEMBERSHIP FEES (inclusive of GST)****FEE PAYABLE FOR RECLASSIFICATION OF MEMBERSHIP BEFORE 1.7.XX**

	<b>Fees including GST</b>	
	<b>S\$</b>	<b>S\$</b>
Admission Fee	321.00#	-
Annual subscription♦	<u>53.50</u>	<u>53.50</u>
Total	<u>374.50</u>	<u>53.50</u>

**FEE PAYABLE FOR RECLASSIFICATION OF MEMBERSHIP ON AND AFTER 1.7.XX**

	<b>Fees including GST</b>	
	<b>S\$</b>	<b>S\$</b>
Admission Fee	321.00#	-
Annual subscription♦	<u>26.75</u>	<u>26.75</u>
Total	<u>347.75</u>	<u>26.75</u>

# Applicable to those who applied or are admitted prior to 1 September 2000 or after 1 April 2006.

♦ This amount is applicable only if the applicant has already paid his provisional membership annual subscription for that year of reclassification.

## 7. PAYMENT

Please enclose a crossed cheque/bank draft in Singapore dollars (Cheque No: \_\_\_\_\_) made payable to the "ICPAS".

### APPLICATION DIRECTIONS

1. Application will only be processed if the application is completed and signed, with all supporting documents attached. Kindly ensure that you have:
  - a. attached original or certified true copies of testimonials covering your working experience up to the date of your application. Each testimonial should specify the period of your employment, with the exact commencement and cessation dates, your job title and a detailed description of duties.
  - b. included Certificate of Attendance of the Pre-Admission Course or its result notification letter.
  - c. all photocopied documents are to be certified to be true copies by a full member (CPA) of the Institute. The name of the person certifying must be given in capitals below the signature.
  - d. included certified true copy of your deed poll if the name on your documents is not the same as that on your application form.

Send your original application form and all documents and appropriate fees to:

ICPAS Member Services Division  
6 Raffles Quay  
Level 23  
Singapore 048580

2. For enquiries, please contact the Institute's membership division at 65-6532 5312 or email: [membership@icpas.org.sg](mailto:membership@icpas.org.sg).