



## Membership Application Form

### IPA members

Please fill the form in block letters

#### General information

Name	_____
Parent name	_____
Surname	_____
Date of birth	_____
Sex	_____
Personal ID number	_____
Permanent Address	_____
Country	_____
Mobile phone number	_____
E-mail address	_____
Mobile phone number	_____



#### Your Current Employment details

Company name	_____
Company address	_____
Job title	_____
Town and Country	_____

#### Academic Qualification

Please indicate your Academic degree

Institution name	Type of Qualification	Date of Admission
_____	_____	_____
_____	_____	_____

#### Professional Qualifications

Please indicate your membership in any professional bodies, as well as professional qualification that you hold in that institution.

Name of the professional body	Type of Qualification	Date of Admission
_____	_____	_____
_____	_____	_____

#### Employment record

For more previous employment records please provide additional list

Previous employer/Organisation	_____
Full time <input type="checkbox"/> Part time <input type="checkbox"/>	_____
Dates FROM - TO	Job Title
_____	_____



### Registration Form

Please fill the form in block letters

Please provide us an information below:

I am a member in IPA as:

AIPA

FIPA  MIPA

I would like to apply in SCAAK for:

Accounting Technician

Certified Accountant

Certified Auditor

Public Sector Certified Auditor

Internal Certified Auditor

Statutory Auditor

**IMPORTANT: Any information provided in this form must be documented.**

#### **TO BE FILLED ONLY BY SCAAK**

Yes  No

Approved by:

Date of approval

\_\_\_\_\_

\_\_\_\_\_

I hereby declare that all the information provided on this application is true and accurate. By signing it I confirm that I have read and understood the above information and rules with which I fully agree and at the same time I declare that I will respect the Statute of SCAAK, the Code of Ethics of IFAC - SCAAK and the Rules of Professional Conduct.

Signature

\_\_\_\_\_

Applicant's signature

Application Date

\_\_\_\_\_

\_\_\_\_\_