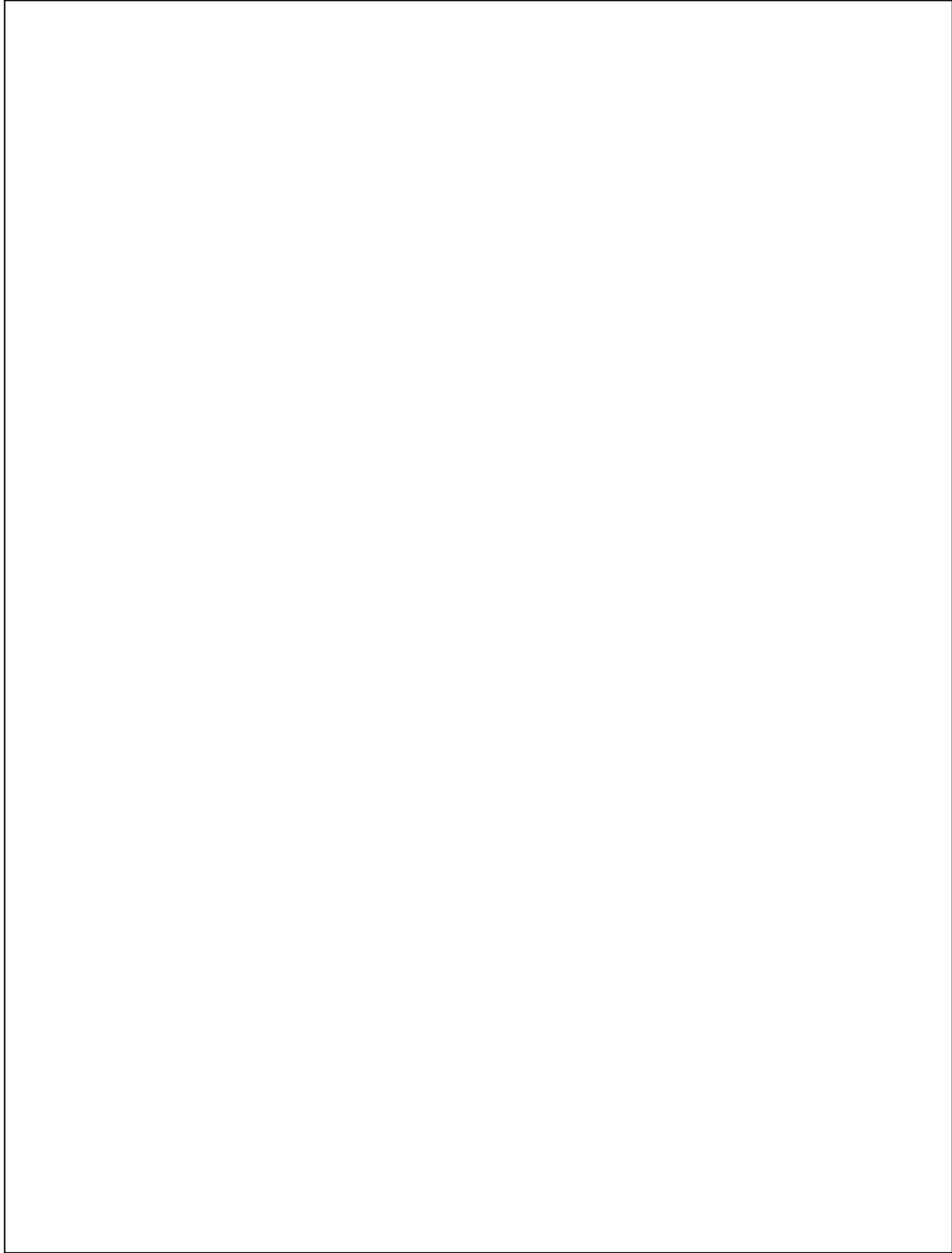


**PART III**

**FORMS OF APPLICATIONS,  
CERTIFICATES, AGREEMENTS ETC.**



## CONTENTS

### FORMS OF APPLICATIONS, CERTIFICATES, AGREEMENTS, ETC

| <b>Form</b> | <b>Particulars</b>   | <b>Page</b> |
|-------------|--|-------------|
| A           | Application for Admission as a Member of the Institute                                     | 104         |
| B           | Certificate of Admission as Associate  | 106         |
| C           | Particulars of Firms of Chartered Accountants<br>functioning as Partnership Concerns       | 107         |
| CIN         | Application for Change/Correction in<br>Name/Father's Name                                 | 108         |
| D           | Certificate of Admission as Fellow   | 111         |
| DUP         | Application form for Duplicate Certificate, Grade<br>Sheet & Passing/Exemption Letter      | 112         |
| E           | Application for the issue of Certificate of Practice                                       | 115         |
| F           | Certificate of Practice as Associate   | 117         |
| G           | Certificate of Practice as Fellow  | 118         |
| H           | Renewal of Practice Certificate  | 119         |
| EXG         | Application for Exemption from the Examination(s)/<br>Training of the Institute            | 120         |
| PPT         | Application for Admission to Pre-Entry Proficiency<br>Test                                 | 122         |
| FTS         | Application for admission to Foundation/Intermediate<br>Examination                        | 124         |
| LM          | Life Membership Certificate  | 126         |
| M           | Certificate of Passing Foundation Examination  | 127         |
| M-I         | Certificate of Passing Intermediate Examination  | 128         |
| FM          | Application for admission to Final Examination   | 129         |
| O           | Certificate of service and fitness for appearing<br>at the Final/Professional. Examination | 131         |
| P           | Certificate of Passing Final/Professional Examination                                      | 132         |
| Q           | Statement of particulars to be submitted for<br>Registration as Trainee Student            | 133         |
| R           | Training Contract  | 135         |

|     |   |     |
|-----|---|-----|
| RFD | Application form for Refund of Fees   | 138 |
| S   | Certificate of Completion of Service Under Training Contract  | 140 |
| T   | No Objection Certificate  | 141 |
| U   | Application for Registration as an authorized Training Organisation ( <i>See Institute's Training Regulations &amp; Guidelines-April 2006</i> ) | 142 |
| Z   | Application for Permission to Practice Management Consultancy   | 150 |
| ZA  | Application for Permission to Use Foreign Name to Practice as Chartered Accountants or Management Consultants                                   | 152 |



1"x1"  
Photograph  
attached at the back  
(to be stapled)

▲ Name in block letters (underlining family surname if any)

▲ Father's name (in block letters)

▼ Date of Birth (dd / mm / yyyy)

▼ CNIC

▼ Period of Residence in Pakistan

|  |  |   |  |  |   |  |  |  |  |  |  |  |  |  |  |
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► Communication Address (Please tick one)

► Residential

► Official

► Permanent

▼ Residential Address

▼ Permanent Address

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► Tel:

► Fax:

► Tel:

► Fax:

▼ Official Address

► Designation

► Department

► Job Sector

► Organization

► Address

► City

► Postal Code

► Country

► Office #

► Direct #

► Fax #

| Email(s) | ► E-No. | Email Addresses | Publish in Directory/Website | Mailing List |
|----------|---------|-----------------|------------------------------|--------------|
|          |         |                 |                              | Yes / No     |
|          |         |                 | Yes / No                     | Yes / No     |

► Cell A

► Receive SMS Alerts (For Local Members Only)

Yes / No

► Publish in Directory/Website

Yes / No

| ► QUALIFICATIONS  | Examination Passed | Month & Year of exam | Grade/Division | Board/University/Institute |
|---|--------------------|----------------------|----------------|----------------------------|
| Academic (Starting from secondary school certificate or equivalent) |                    |                      |                |                            |
|   |                    |                      |                |                            |
|   |                    |                      |                |                            |
| Professional qualifications (other than Institute Examination)      |                    |                      |                |                            |
|   |                    |                      |                |                            |
|   |                    |                      |                |                            |

**INSTITUTE'S EXAMINATIONS PASSED / EXEMPTED**

| Examination                   | Roll No. | Month & Year of Exam passed | Details of Exemption (if any) |                      |      |
|-------------------------------|----------|-----------------------------|-------------------------------|----------------------|------|
|                               |          |                             | Papers/Parts exempted         | Exemption letter Ref | Date |
| Intermediate/<br>Foundation I |          |                             |                               |                      |      |
| Foundation II                 |          |                             |                               |                      |      |
| Final/<br>Professional I      |          |                             |                               |                      |      |
| Final/<br>Professional II     |          |                             |                               |                      |      |



*The Institute of Chartered Accountants of Pakistan*

*Established under the Chartered*



*Accountants Ordinance, 1961 (X of 1961)*

***This is to Certify that***

\_\_\_\_\_

was admitted as **Associate** of the Institute on the \_\_\_\_\_

day of \_\_\_\_\_ 20 \_\_\_\_\_

Given under the Common Seal of the Institute at Karachi

this day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_ President

R. No. \_\_\_\_\_ Secretary

## Form 'C'

### PARTICULARS OF FIRMS OF CHARTERED ACCOUNTANTS FUNCTIONING AS PARTNERSHIP CONCERNS

- (i) *Separate Proforma should be completed by each firm.*
- (ii) *A fresh form is required to be submitted whenever any change in partnership takes place. Information should be furnished within one month of the change.*

1. Name of firm and address: (Where there are branches, also give address of branches with phone Nos.)
2. Names of the partners and their residential addresses.
3. Date from which the partnership was entered into,- (enclose certified copy of the partnership deed signed by all the partners, *relevant portion only*).
4. Name of the member in charge of each office.
5. Names of the members of the Institute who are working as paid assistants in the firm.

#### Signature of the partners

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Place : \_\_\_\_\_

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



**INSTRUCTIONS FOR CHANGE IN NAME/FATHER'S NAME & ISSUANCE OF  
REVISED CERTIFICATE / GRADE SHEET / PASSING LETTER / PPT PASSING  
LETTER / EXEMPTION LETTER**

1. The form 'CIN' is required to be filled by candidates who are registered students and wish to change their name/father's name, including change in spellings, in ICAP's record.
2. Candidates must submit under-mentioned documents:
  - a. Copies of all academic documents as revised and revised CNIC, duly attested by a competent officer of ICAP.
  - b. Attested copy of gazette notification issued by the provincial government office.
  - c. Affidavit duly attested by the Oath Commissioner and clipping of newspaper advertisement, regarding change of name. (Format of affidavit is on Page 3).
  - d. All educational documents (PPT Passing/Exemption Letter, Grade Sheets, Passing Letters and Certificates) issued by ICAP, **in original**.
3. If the student authorizes any other person to apply or receive the document(s) he should submit an authority letter addressed to Director Examinations giving CNIC No, Name & relation of the authorized person. If the applicant gives no instructions, the documents will be dispatched through post at the communication address mentioned on the form.
4. Prescribed fee shall be deposited in any of the nominated branches of FBL Limited. Blue copy of Bank Credit Voucher (BCV) or a Demand Draft/Pay Order in favour of the Institute of Chartered Accountants of Pakistan shall be enclosed with the application.
5. Fee for issuing revised grade sheet and passing/exemption letters is Rs. 500/- per document and fee for issuing revised certificate is Rs. 2000/- per certificate.

**AFFIDAVIT FOR REVISED NAME/FATHER'S NAME ON ICAP EXEMPTION/PASSING LETTER,  
GRADE SHEET OR CERTIFICATE**

*(Fifty Rupees Stamp Paper)*

To,  
**Director Examinations,**  
The Institute of Chartered Accountants of Pakistan,  
Chartered Accountants Avenue, Clifton,  
Karachi.

I, \_\_\_\_\_ s/o OR d/o \_\_\_\_\_ make oath and say as follows:

1. I passed the Foundation Examination held by the Institute of Chartered Accountants of Pakistan in the month of \_\_\_\_\_ year \_\_\_\_\_ and a Certificate Reg. Serial No. \_\_\_\_\_ to that effect was awarded to me.
2. I passed the Intermediate Examination held by the Institute of Chartered Accountants of Pakistan in the month of \_\_\_\_\_ year \_\_\_\_\_ and a Certificate Reg. Serial No. \_\_\_\_\_ to that effect was awarded to me.
3. I passed the Professional Examination held by the Institute of Chartered Accountants of Pakistan in the month of \_\_\_\_\_ year \_\_\_\_\_ and a Certificate Reg. Serial No. \_\_\_\_\_ to that effect was awarded to me.
4. I have been granted exemption from \_\_\_\_\_ dated \_\_\_\_\_ vide letter no. \_\_\_\_\_ by the Institute of Chartered Accountants of Pakistan.
5. I passed the Pre-entry Proficiency test held by the Institute of Chartered Accountants of Pakistan in the month of \_\_\_\_\_ year \_\_\_\_\_, under Roll No. \_\_\_\_\_. A passing letter to that effect was awarded to me.
6. I have changed my name from " \_\_\_\_\_ " s/o OR d/o " \_\_\_\_\_ " to " \_\_\_\_\_ " s/o OR d/o " \_\_\_\_\_ ".
7. I hereby declare that I spell my name as " \_\_\_\_\_ " s/o OR d/o " \_\_\_\_\_ " and wish to have all my educational certificates with this spelling.
8. I am the legal person entitled to receive the concerned copies of the said Exemption/Passing Letters, Grade Sheets and Certificates personally.

**WITNESSES**

- 1) Name: \_\_\_\_\_  
C.N.I.C. No. \_\_\_\_\_  
Signature: \_\_\_\_\_
- 2) Name: \_\_\_\_\_  
C.N.I.C. No. \_\_\_\_\_  
Signature: \_\_\_\_\_

**DEPONENT**

(Name of Candidate)

(Signature of Candidate)

**Note:**

Paragraphs and words, which are not applicable, should be deleted and should not form part of the actual affidavit.

*The Institute of Chartered Accountants of Pakistan*

*Established under the Chartered*



*Accountants Ordinance, 1961 (X of 1961)*

***This is to Certify that***

\_\_\_\_\_

was admitted as **Fellow** of the Institute on the \_\_\_\_\_  
day of \_\_\_\_\_ 20\_\_\_\_\_

Given under the Common Seal of the Institute at Karachi

this day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_ President

R. No. \_\_\_\_\_ Secretary



## **INSTRUCTIONS FOR DUPLICATE CERTIFICATE, GRADE SHEET & PASSING/EXEMPTION LETTER**

### **For PPT Passing Letter, Exemption Letter (other than PPT) and Certificates:**

1. The following documents should be submitted alongwith the application form:
  - Affidavit duly attested by an Oath Commissioner. *(Format of affidavit is on page 3)*
  - Original press clipping of an advertisement in major English as well as Urdu Newspaper giving particulars of the document(s) lost.
  - Paid Blue copy of Bank Credit Voucher (BCV) or a Demand Draft/Pay Order in favour of the Institute of Chartered Accountants of Pakistan.
2. If the student authorizes any other person to apply or receive the document(s) he should submit an authority letter addressed to Director Examinations giving CNIC No. Name & relation of the authorized person. If the applicant gives no instructions, the documents will be dispatched through post at the communication address mentioned on the form.
3. Fee for issuing duplicate grade sheet and passing/exemption letters is Rs. 200/- per document and fee for issuing revised certificate is Rs. 2000/- per certificate.

### **For Passing Letter, PPT Exemption Letter and Grade Sheet:**

1. Application form should be submitted alongwith paid blue copy of Bank Credit Voucher (BCV) of Rs. 200/- or a Demand Draft/Pay Order in favour of the Institute of Chartered Accountants of Pakistan.

**FORMAT OF AFFIDAVIT FOR DUPLICATE CERTIFICATE, EXEMPTION LETTER (other than PPT) & PPT PASSING LETTER**

*(Fifty Rupees Stamp Paper)*

To,  
Director Examinations  
The Institute of Chartered Accountants of Pakistan,  
Chartered Accountants Avenue, Clifton,  
Karachi.

I, \_\_\_\_\_ s/o OR d/o \_\_\_\_\_ take oath and submit the following:

1. I passed the \_\_\_\_\_ Examination held by the Institute of Chartered Accountants of Pakistan in the month of \_\_\_\_\_ year \_\_\_\_\_ and a Certificate Reg. Serial No. \_\_\_\_\_ to that effect was awarded to me.
2. I passed the Pre-entry Proficiency test held by the Institute of Chartered Accountants of Pakistan in the month of \_\_\_\_\_ year \_\_\_\_\_, under Roll No. \_\_\_\_\_. A passing letter to that effect was awarded to me.
3. I was awarded exemption from \_\_\_\_\_ Examinations by the Institute of Chartered Accountants of Pakistan vide letter no. \_\_\_\_\_, dated \_\_\_\_\_.
4. I have made a careful search for the above document(s) which was/were in my possession but I have not been able to find the same, and I verily believe that the same has/have been lost or mislaid.
5. I am legally entitled to receive the 'DUPLICATE' copy of the said document(s).
6. I hereby undertake to surrender to the Institute, the lost document(s) as and when the same are found.

**WITNESSES**

**DEPONENT**

1) Name: \_\_\_\_\_

C.N.I.C. No. \_\_\_\_\_

Signature: \_\_\_\_\_

(Name of Candidate)

2) Name: \_\_\_\_\_

C.N.I.C. No. \_\_\_\_\_

Signature: \_\_\_\_\_

(Signature of Candidate)

**Note:**

*Paragraphs and words, which are not applicable, should be deleted and should not form part of the actual affidavit.*

**Form 'E'**

**APPLICATION FOR THE ISSUE  
OF CERTIFICATE OF PRACTICE  
(Bye-law 8)**

To

The Secretary,  
The Institute of Chartered Accountants of Pakistan  
G-31 Block 8, Clifton,  
Karachi-75600

Dear Sir,

I am enclosing bank draft/crossed cheque No. .... Bank.....  
dated..... for Rs ..... towards the fee for the certificate of  
Practice under Bye-Law 8 of the CA Bye Laws 1983 which may be issued to  
me at an early date.

2. I undertake to be in practice as a public accountant as my main  
occupation under the name and style ..... and  
shall not engage in any other business or occupation besides the profession of  
accountancy.

3. I shall furnish such information as may be required by the Council.

4. As and when I cease to be in practice I shall duly inform the Council  
of having done so as required under the Chartered Accountants Bye-Laws,  
1983, (Bye-Law 8) and return the original Certificate of Practice to the Institute  
accordingly.

5. The particulars of my previous employment/practice are as under:

| S.<br># | Organization | Designation | Date of<br>Joining | Date of<br>Leaving |
|---------|--------------|-------------|--------------------|--------------------|
| 1.      |              |             |                    |                    |
| 2       |              |             |                    |                    |
| 3       |              |             |                    |                    |
| 4       |              |             |                    |                    |
| 5       |              |             |                    |                    |

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

Name & address of the proposed firm: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

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

Status: Sole Proprietor/Partner \_\_\_\_\_

Place: -----

Yours faithfully,

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

Signature

*\* In case of Partnership, please submit Form 'C' also duly completed.*

*\*\* In case of employment release letter from the last employer.*

*The Institute of Chartered Accountants of Pakistan*

*Established under the Chartered*



*Accountants Ordinance, 1961 (X of 1961)*

***This is to Certify that***

---

an **Associate** member of the Institute is entitled to practice as a Chartered Accountant. This Certificate is valid from the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ to the 30th day of June, 20 \_\_\_\_\_ **inclusive**, and thereafter subject to renewal from time to time.

Given under the Common Seal of the Institute of Chartered Accountants of Pakistan this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

President

R. No \_\_\_\_\_ Secretary

*The Institute of Chartered Accountants of Pakistan*

*Established under the Chartered*



*Accountants Ordinance, 1961 (X of 1961)*

*This is to Certify that*

---

a **Fellow** member of the Institute is entitled to practice as a Chartered Accountant.  
This Certificate is valid from the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ to the 30th  
day of June 20 \_\_\_\_\_ inclusive, and thereafter subject to renewal from  
time to time.

Given under the Common Seal of the Institute of Chartered Accountants of  
Pakistan this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_ President

R. No.

Secretary

*The Institute of Chartered Accountants of Pakistan*

*Established under the Chartered*



*Accountants Ordinance, 1961 (X of 1961)*

***This is to Certify that the Certificate***

No \_\_\_\_\_ dated \_\_\_\_\_  
issued in favour of Mr. \_\_\_\_\_ R. No \_\_\_\_\_  
of \_\_\_\_\_ for practice as a Chartered Accountant has been renewed upto  
and inclusive of 30th June, 20 \_\_\_\_\_

Place: \_\_\_\_\_

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

By the authority of the Council

Secretary

## APPLICATION FOR EXEMPTION FROM THE EXAMINATIONS / TRAINING OF THE INSTITUTE



The Institute of Chartered  
Accountants of Pakistan

S No. \_\_\_\_\_  
(for reference)

CRN- \_\_\_\_\_  
(for reference)

Recent, Passport  
Size Photograph  
attached at the back  
(to be stapled)

*(Please carefully read the instructions on page 2 before filling up this form)*

1. Name: \_\_\_\_\_  
(In capital letters as per document on the basis of which exemption has been requested)
2. Father's Name: \_\_\_\_\_  
(In capital letters as per document on the basis of which exemption has been requested)
3. Date of Birth: Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_ 4. C.N.I.C. # \_\_\_\_\_

| Communication Address | Permanent Address    |
|-----------------------|----------------------|
|                       |                      |
|                       |                      |
| Phone # _____         | Passport # _____     |
| Cell # _____ - _____  | Cell # _____ - _____ |
| Email Address: _____  |                      |

6. Examinations on the basis of which exemption has been requested:

| Board / University / Institution | Examination Passed | Passing Year | Roll / Reg. No. |
|----------------------------------|--------------------|--------------|-----------------|
|                                  |                    |              |                 |

**7. IMPORTANT NOTE:** It is mandatory to submit any one document containing your recent photograph, which may include C.N.I.C., Passport, Driving License, Degree Certificate, Marks Sheet or Adult Card/Roll no. Slip. Further, the name and father's name mentioned on the photo document must be as per the document on the basis of which exemption has been requested.

8. If you have already passed Pre-entry Proficiency Test or have obtained Exemption; (mandatory to fill)  
PPT Roll #: \_\_\_\_\_ Centre: \_\_\_\_\_ Session: \_\_\_\_\_ Or Exemption Ref. #: \_\_\_\_\_
9. If you have already appeared in ICAP Foundation / Intermediate / Final Examinations; (mandatory to fill)  
Last session: \_\_\_\_\_ Roll #: \_\_\_\_\_

| FOR OFFICE USE ONLY  |               |                                     |                            |
|--|---------------|-------------------------------------|----------------------------|
| Deficiency found (if any):   |               | Deficiency observed on:             |                            |
| Medium of Communication:   |               | Received via: BCY No. _____         |                            |
| Draft/Pay Order/Cash amounting to Rs. _____  |               | Dated _____                         |                            |
| <b>Documents examined and applicant found eligible for EXEMPTION from the under-mentioned:</b> |               |                                     |                            |
|  |               |                                     |                            |
| Form received in (Name, Sign & Date): _____  | Entered _____ | Verified _____                      | Manager Examinations _____ |
| Director Examinations _____  |               | Director Education & Training _____ |                            |

SC

### Candidate Copy (in case of receipt at any ICAP office)

Candidate's Name: \_\_\_\_\_ No. D/O: \_\_\_\_\_

Received By: \_\_\_\_\_ Date of Receipt: \_\_\_\_\_

(ICAP Office's Name & Sign)

| Examination Passed          | Board / University | Passing Year | Division / Grade |
|-----------------------------|--------------------|--------------|------------------|
| SSC / O-Level               |                    |              |                  |
| HSSC / A-Level / Equivalent |                    |              |                  |
| Graduate                    |                    |              |                  |
| Master                      |                    |              |                  |
| Others                      |                    |              |                  |

**Exemption Requested From: (mandatory to tick)**

Pre-entry Proficiency Test  Foundation Examinations  Intermediate Examinations   
 Final Examinations  Training Period

The under-mentioned paper(s) of Module A and B:

Paper A-1 Functional English  Paper B-3 Introduction to Economics & Finance   
 Paper A-2 Quantitative Methods  Paper B-4 Introduction to Financial Accounting   
 Paper B-5 Mercantile Law

I hereby declare that the information given above is complete, true and correct to the best of my knowledge and belief. I understand that any misstatement on my part will disqualify me from Exemption. I hereby undertake to abide by the rules and regulations framed by the Institute from time to time.

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

\_\_\_\_\_  
Applicant's Signature

**INSTRUCTIONS**

Please read the instructions carefully before completing this form:

- Please fill all the spaces, write 'N/A' where not applicable.
- Attach clearly visible copy of following documents duly attested by a Competent Officer of the Institute/any member of ICAP with his/her signature and official stamp. The ICAP member should also indicate his/her registration number.
  - Two recent passport-size photographs which should be attested on backside.
  - Document on the basis of which exemption has been requested.
  - Unconditional equivalence certificate from Inter Board Committee of Chairmen (IBCC) or Higher Education Commission of Pakistan (HEC) for those who are applying on the basis of foreign qualification.
  - If the document as mentioned above does not contain the scanned photograph of the student he / she will be required to submit copy of any one of the following documents to prove his / her identity:
    - CNIC, Passport, Domicile or Driving License
    - Any Degree, Certificate, Marks Sheet, Statement of Entry or Admit Card/Roll No. Slip containing a photograph of the student, issued by a recognized University or Board of Education.
  - Paid Original Blue Bank Credit Voucher or Demand Draft or Pay Order in the name of The Institute of Chartered Accountants of Pakistan of prescribed fee. (Attestation is not required)
  - Copy of syllabus duly attested on each page by the Principal / Registrar / Controller Examinations of relevant College / Institute / University in case exemption from any paper of Module A / B is requested under the prescribed rules. (Not required from PIPFA, ICMAP, ACCA, and CIMA qualified candidates)
  - Candidates who are seeking exemption from papers A1, A2 or B3 on the basis of HSSC or equivalent / A-Level, are advised to see under-mentioned link to confirm whether they are eligible or not for the said exemption(s).  
(<http://www.icap.org.pk/Examination/Summary/exemption%20awarded.pdf>)
- ACCA qualified candidates are required to contact ACCA authorities on email [info@accaglobal.com](mailto:info@accaglobal.com) or [nationaloffice@accaglobal.com](mailto:nationaloffice@accaglobal.com) and request them to send confirmation of their passing status of all examinations of ACCA to ICAP directly at [examinations@icap.org.pk](mailto:examinations@icap.org.pk).
- Completed form along with the documents should be forwarded to the Director Examinations, The Institute of Chartered Accountants of Pakistan at Karachi or to the Institute's Offices at Islamabad, Lahore, Faisalabad, Multan or Peshawar.
- Fee will not be refunded, once exemption is approved by the Council of the Institute of Chartered Accountants of Pakistan.



## INSTRUCTIONS

1. Photocopies of the following documents and **three photographs** duly attested by a **Competent Officer of ICAP, Gazetted Officer or Chartered Accountant** with his / her official stamp and date should accompany the application:
  - i. Educational document on the basis of which candidate is appearing i.e. Marks Sheet / Certificate of Intermediate or Graduation. If the candidate is appearing on result-awaiting basis, he / she shall submit First Year's Marks Sheet and Second Year's Admit Card, A-Level candidates will submit Statement of Entry.
 

**Note:** Candidates who pass PPT on result-awaiting basis, their registration with the Institute of Chartered Accountants of Pakistan will be subject to submission of final Marks Sheet of Intermediate/Graduation with minimum 45% marks on overall basis.
  - ii. If the document as submitted above does not contain the scanned photograph of the student, he/she will be required to submit copy of any one of the following documents to prove his/her identity:
    - a. NIC, Domicile or Passport
    - b. Any Degree, Certificate, Marks Sheet, Statement of Entry or Admit Card containing a photograph of the student, issued by a recognized University or Board of Education
  - iii. Paid Original Blue Bank Credit Voucher or Demand Draft or Pay Order in the name of Institute of Chartered Accountants of Pakistan of the prescribed fee. *(Attestation is not required)*
  - v. Unconditional equivalence certificate from Inter Board Committee of Chairman (IBCC) or Higher Education Commission of Pakistan (HEC) for those who are applying on the basis of foreign qualification.
2. Completed form alongwith the documents should be forwarded to the Director Examinations, The Institute of Chartered Accountants of Pakistan, Chartered Accountants Avenue, Clifton, Karachi or to the Institute's Offices at Islamabad, Lahore, Faisalabad, Multan or Peshawar.
3. No application shall be accepted after the last date of submission of form.
4. Test centre once declared can only be changed if request is received by Examination Department Twelve (12) days before test date.
5. Admit Card will be dispatched on the communication address mentioned on the PPT Form ten days before the test date.
6. If a student does not receive his / her Admit Card 5 days before the Test, he / she should contact ICAP Karachi immediately or the center supervisor on the test date at least 30 minutes before the Test.
7. Test fee once paid **will not be refunded / adjusted** provided the application for refund / adjustment of fee is received **till the last date** of submission of PPT form with normal fee.

### Educational Qualification:

| Examination Passed               | Board/University/Institution | Year of Passing | Marks % | Grade / Division |
|----------------------------------|------------------------------|-----------------|---------|------------------|
| O-Level / S.S.C                  |                              |                 |         |                  |
| A-Level / H.S.S.C.               |                              |                 |         |                  |
| B.A., B.Sc., B.Com., B.F.A. etc. |                              |                 |         |                  |

## DECLARATION

I \_\_\_\_\_ S/o, D/o \_\_\_\_\_  
do hereby declare that the above information is true to the best of my knowledge and belief and that any misstatement on my part will disqualify / debar me from all ICAP tests / examinations.

**Signature of the applicant:**

**Signature of the applicant:**

*(For Verification & Stamping)*

**Note:** Candidates are required to sign in **BOTH** boxes and Signature should not exceed the box.

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



The Institute of  
Chartered Accountants  
of Pakistan

**FOUNDATION / INTERMEDIATE EXAMINATIONS**  
(To be completed by the candidate in his/her own handwriting in capital letters)  
Session: **Spring / Autumn 20**\_\_\_\_\_

For Office use only

M.O. \_\_\_\_\_

City: \_\_\_\_\_

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

Examination Centre: **KAR** **HVD** **FAI** **ISD** **LAH** **MUL** **PFS** **SKT**

Please read Instructions  
on reverse page before  
completing this form.

(Tick the appropriate Exam. Centre (use declaration can only be changed if request is received by Examination Department (in 15 days before the commencement of examinations))

CRN: \_\_\_\_\_

Two Photos (1" x 1")

Attached at the back  
(To be stapled)

1. Name: \_\_\_\_\_

2. Father's Name: \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_

|                           |         |                       |         |
|---------------------------|---------|-----------------------|---------|
| 4- Communication Address: |         | 5- Permanent Address: |         |
|                           |         |                       |         |
|                           |         |                       |         |
|                           |         |                       |         |
| Phone #:                  | Cell #: | Phone #:              | Cell #: |
| E-mail Address:           |         |                       |         |

6- Name of paper from which **EXEMPTION** has been obtained/applied \_\_\_\_\_

|   |   |
|---|---|
| 7- APPEARING IN MODULE/PAPERS - ENCIRCLE MODULE /PAPERS CAREFULLY AS SHOWN BELOW: |   |
| A / B / C / D / AB / BC / CD  | <input type="checkbox"/> FEN <input type="checkbox"/> QMT <input type="checkbox"/> IET <input type="checkbox"/> FAI <input type="checkbox"/> MLW  |
|   | <input type="checkbox"/> FA2 <input type="checkbox"/> TAX <input type="checkbox"/> BCB <input type="checkbox"/> CLW <input type="checkbox"/> AUD <input type="checkbox"/> CAC <input type="checkbox"/> IT |

8- Details of Last Time Applied / Appeared:

Session: \_\_\_\_\_ Roll #: \_\_\_\_\_ Module: \_\_\_\_\_

I declare that the information given above is true and correct to the best of my knowledge and belief.

Signature of Candidate:

Signature should not  
exceed from this box.

Signature of Candidate:

Signature should not  
exceed from this box.

Name of Application Receiving Officer \_\_\_\_\_ Officer's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**CANDIDATE COPY**

Acknowledgment receipt for Foundation/Intermediate Examination (Autumn 2010)

Received from \_\_\_\_\_

(Student's Name)

CRN No. \_\_\_\_\_

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

Application Received by \_\_\_\_\_

ICAP Office, 5th & 6th Floor

## INSTRUCTIONS

To be submitted at all times: -

- i. **Two latest photographs** of the candidate duly attested at the back mentioning name & CRN No.
- ii. Blue copy of the receipted Bank Credit Voucher/Bank Draft/Pay Order for payment of examination fee and annual examinee registration fee.

Note 1: **STUDENTS ARE ALLOWED TO BRING CALCULATORS PERMITTED AS PER POLICY IN THE EXAMINATION HALL.** (FOR DETAILS SEE WEBSITE [WWW.ICAP.ORG.PK](http://WWW.ICAP.ORG.PK)).

Note 2: The examination application form duly completed in all respect alongwith prescribed fee should be submitted or dispatched under Registered AD cover so as to reach the Director Examinations, The Institute of Chartered Accountants of Pakistan, Chartered Accountants Avenue, Clifton, Karachi or ICAP Regional Offices, before the last date of submission of form.

Note 3: Examination fee once paid **will not be refunded / adjusted** provided the application for refund / adjustment of fee is received **before the last date** of submission of examination application form with **normal fee**.

Note 4: Admit Card will be dispatched on the communication address mentioned on the Examination Application Form ten days before the examination date.

Note 5: If a student does not receive his / her admit card 7 days before the Examination he / she should contact **ICAP Karachi or ICAP Regional Offices**.

Note 6: The students are advised to read and strictly follow the instructions issued alongwith the admit card and those mentioned on the answer script. **Failure to follow the instructions may lead to disciplinary action under ICAP rules.**

Note 7: **Mobile phones and bags are strictly prohibited in examination venue premises.**

### **IMPORTANT:**

- ⇒ **Application form will be summarily rejected if not filled appropriately / Deficiency in Fee / not signed by the candidate.**
- ⇒ **Admit card will not be issued if arrears of Annual Examinee Registration Fee in respect of all previous years are not paid.**

**I have read and understood the above-mentioned instructions.**

Signature of Candidate: \_\_\_\_\_

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

### **Fee Schedule**

|                                    |            |
|------------------------------------|------------|
| 1 Paper-----                       | Rs. 2150/- |
| 2 Papers of same module-----       | Rs. 2900/- |
| 3 Papers of same module-----       | Rs. 3050/- |
| 4 Papers of same module -----      | Rs. 3300/- |
| Annual Exam. Registration Fee ---- | Rs. 700/-  |
| Computer Practical Fee-----        | Rs. 630/-  |

### Check List

(Our Office use only)

B.C.V.

PHOTOGRAPHS

SIGNATURES

The Institute of Chartered Accountants of  
Pakistan



*Established under the Chartered*

*Accountants Ordinance, 1961 (x of 1961)*

**This is to Certify That**

\_\_\_\_\_

R.No. \_\_\_\_\_ of \_\_\_\_\_ has paid  
Life Membership fee of the Institute in terms of clause  
iii of bye-law 10(1) of the CA bye-laws 1983 on  
this \_\_\_\_\_ day of \_\_\_\_\_

By the authority of the Council

Secretary

This certificate shall become void on commencement of any other of profit

# The Institute of Chartered Accountants of Pakistan

## Examination Certificate

This is to Certify that

*Students Name*

*S/o Students Father Name*

has passed the Foundation Examination  
held by

**The Institute of Chartered Accountants of Pakistan**

in the month of *September 2005*  
given under the seal of the Institute  
this *Twentyeighth* day of *October 2005*

\_\_\_\_\_  
President

Roll No. (7-digit Roll Numbers)

\_\_\_\_\_  
Secretary

# The Institute of Chartered Accountants of Pakistan

## Examination Certificate

This is to Certify that

*Students Name*

*S/o Students Father Name*

has passed the Intermediate Examination  
held by

**The Institute of Chartered Accountants of Pakistan**

in the month of *September 2005*  
given under the seal of the Institute  
this *Twentyeighth* day of *October 2005*

\_\_\_\_\_  
President

Roll No. (7-digit Roll Numbers)

\_\_\_\_\_  
Secretary



### INSTRUCTIONS

**To be submitted at all times: -**

- i. **Two latest photographs** of the candidate duly attested at the back.
- ii. **Blue copy of the receipted Bank Credit Voucher/Bank Draft/Pay Order** for payment of examination fee and annual examinee registration fee.

**To be submitted for the first attempt only or if not submitted earlier: -**

- i. It is **mandatory** for the candidates undergoing training to submit the Original copy of the certificate of service and fitness for appearing in each part of Final examination as registered trainee student on the prescribed form "O" from the Principal at the time of submitting Examination Application Form.
- ii. For candidates who have completed training under the C.A. Bye Laws 1983 are required to submit the attested photocopy of the certificate of completion of training as registered trainee student on the prescribed form "S" from the Principal.

**Note 1: Further instructions to the candidates appearing from Dubai Centre have been placed on ICAP Website.**

**Note 2:** The application duly completed alongwith prescribed fee should be submitted or dispatched under Registered A/D cover so as to reach the Director Examinations, The Institute of Chartered Accountants of Pakistan, Chartered Accountants Avenue, Clifton, Karachi or ICAP Regional Offices, before the last date of submission of form.

**Note 3:** Examination fee once paid will not be refunded / adjusted provided the application for refund / adjustment of fee is received before the last date of submission of examination application form with normal fee.

**Note 4:** Admit Card will be dispatched on the communication address mentioned on the Examination Application Form ten days before the examination date.

**Note 5:** If a student does not receive his / her admit card 7 days before the Examination he / she should contact ICAP Karachi or ICAP Regional Offices.

**Note 6:** The students are advised to read and strictly follow the instructions issued alongwith the admit card and those

mentioned on the answer script. **Failure to follow the instructions may lead to disciplinary action under ICAP rules.**

#### **IMPORTANT:**

- **Application form will be summarily rejected if not filled appropriately / Deficiency in Fee / not signed by the candidate.**
- **Admit card will not be issued if arrears of Annual Examinee Registration Fee in respect of all previous years are not paid.**

**I have read and understood the above-mentioned instructions.**

Signature of Candidate: \_\_\_\_\_ Date: \_\_\_\_\_

### Fee Schedule

| <b>FOR PAKISTAN</b>                          | <b>Check List</b><br>(For Office use only)   | <b>FOR DUBAI</b>                             |
|--|--|--|
| 1 Paper----- Rs. 4050/-                      | B.C.V. <input type="checkbox"/>              | 1 Paper----- US \$ 160/-                     |
| 2 Papers of same module----- Rs. 4350/-      | PHOTOGRAPHS <input type="checkbox"/>         | 2 Papers of same module----- US \$ 160/-     |
| 3 Papers of same module----- Rs. 5300/-      | SIGNATURES <input type="checkbox"/>          | 3 Papers of same module----- US \$ 200/-     |
| Full Module----- Rs. 6200/-                  | FORM "O" / FORM "S" <input type="checkbox"/> | Full Module----- US \$ 220/-                 |
| Annual Exam. Registration Fee----- Rs. 700/- | UNDERTAKING <input type="checkbox"/>         | Annual Exam. Registration Fee----- Rs. 700/- |

**Form 'O'**

**Certificate of service and fitness  
for appearing at the FINAL/Module E/Module F Examination**

(Bye-Law 125)

**This to Certify that**

Mr. \_\_\_\_\_  
is receiving training with me as trainee student from \_\_\_\_\_  
and he is a proper and fit person to be admitted to the FINAL/Module E/  
Module F Examination to be held under the Chartered Accountants Bye-Laws,  
1983.

I also CERTIFY that Mr. \_\_\_\_\_  
has this day completed \_\_\_\_\_ years \_\_\_\_\_ months and \_\_\_\_\_ days of  
his training and is at present serving the last twelve months of his period of  
training with me under Registration No. \_\_\_\_\_

Place: \_\_\_\_\_

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

Signature of Principal

(Seal of office)

**The Institute of Chartered Accountants of  
Pakistan**

**Examination Certificate**

This is to Certify that

*Students Name*

*S/o Students Father Name*

has passed the Final Examination  
held by

**The Institute of Chartered Accountants of Pakistan**

in the month of

Given under the seal of the Institute

this *Twentyeighth* day of

\_\_\_\_\_  
President

\_\_\_\_\_  
Secretary

Roll No. (7-digit Roll Numbers)



**IN CASE OF RE-REGISTRATION UPON TRANSFER TO  
ANOTHER TRAINING ORGANIZATION UNDER BYE-LAW 103 (I)**

- a. CRN: \_\_\_\_\_
- b. Name of Previous MRT: \_\_\_\_\_
- c. Name of Previous Training Organization: \_\_\_\_\_
- d. Period Served From: \_\_\_\_ to \_\_\_\_
- e. Details of leave availed
- |  | Study | Sick | Others | Total |
|--|-------|------|--------|-------|
|  |       |      |        |       |
- f. Letter of Permission to Transfer Training Contract: Yes  No

---

I declare that the particulars given above are true and correct to the best of my knowledge and belief

Date: 

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

Place: \_\_\_\_\_

\_\_\_\_\_  
Signature of Trainee Student

---

**Endorsement by the MRT**

"I certify that the above particulars furnished by the Trainee Student are correct. He/She has completed the probationary period from\* \_\_\_\_ to \_\_\_\_ successfully".

Date: 

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

Place: \_\_\_\_\_

\_\_\_\_\_  
Signature of the MRT

(Seal of Office)

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**ATTACHMENTS**

1. Birth certificate/ Matriculation Certificate duly attached by MRT/ Partner of Training Organization (not required in case of transfer).
2. Attested photocopy of certificate in respect of educational and professional qualifications(not required in case of transfer)
3. Copy of NIC
4. Photograph size 1"x1" to be pasted on this form and one attested (by /MRT / Partner) copy to be attached.  
\* Not required in case of transfer.



**TRAINING CONTRACT**  
**(Bye-Law 99)**

Form 'R'

Stamp values  
applicable in each  
province of  
Pakistan at time of  
execution of  
contract

- 
1. The parties to this Training Contract are:
- Name of Student: \_\_\_\_\_, referred to herein as the 'Trainee Student'  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Name of MRT: \_\_\_\_\_  
Name of Training Organization: \_\_\_\_\_, referred to herein as the 'MRT'  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 
2. The person named below shall be responsible for the Trainee Student's personal and professional development:  
Counseling Person: \_\_\_\_\_  
(Name MRT or Counseling person detailed by MRT for Counseling)
3. This Training Contract governs the Approved Training to be provided to the Trainee Student by an Authorised Training Organization under the Chartered Accountants Bye-Laws, 1983 (as amended from time to time) for the purpose of equipping the student with the technical knowledge, work experience and professional attitudes necessary for membership of the Institute of Chartered Accountants of Pakistan (referred to hereafter as 'the Institute').
- 
4. \*a. This Training Contract begins on \_\_\_\_\_ the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ and shall continue until the Trainee Student has completed Three years of Approved Training, provided the Trainee Student passes Module E and F examinations in first attempt. In case Trainee Student fails or does not appear in any of the attempt of Module E or F, the training period will be extended to 3 ½ years.
- \*b. In case of transfer of student from one Training Organization to another the residue training period begins on \_\_\_\_\_ the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ and shall continue until Trainee Student has completed \_\_\_\_\_ year(s) \_\_\_\_\_ month(s) \_\_\_\_\_ day(s) of remaining Approved Training, provided the Trainee Student passes Module E and F examinations in first attempt. In case Trainee Student fails in any of the attempts, the training period will be extended to \_\_\_\_\_ year(s) \_\_\_\_\_ month(s) \_\_\_\_\_ days.
- \* (In (a) or (b) write NA whichever not applicable.)







# **INSTRUCTIONS FOR REFUND OF FEES**

1. The Examinations, Pre-entry Proficiency Test and Exemption Fees may be refunded only in the following circumstances:
  - Candidate declared ineligible for any examination, test and exemption.
  - Candidate submit application for not appearing in test /examination before or on the last date of submission of forms. *(with normal fee)*
2. Paid pink copy of bank credit voucher should be submitted alongwith the 'RFD' application form. (Blue copy is also required if it has not been submitted before)
3. Rs. 150/- will be deducted as services charges.
4. Fee will not be refunded in cash.
5. If the candidate has no bank account, he/she can submit the account details of his/her parents or close relatives.

**ON TRAINING ORGANIZATION'S LETTER HEAD**

The Director Education and Training  
The Institute of Chartered Accountants of Pakistan  
Chartered Accountant Avenue, Clifton  
Karachi – 75600

**CERTIFICATE OF COMPLETION OF TRAINING**

I certify that the Trainee Student named below served as Trainee Student under registered training contract with me for the period stated in accordance with the bye-laws, of the Institute of Chartered Accountants of Pakistan and that his/her progress was satisfactory.

|                        |  |                      |
|------------------------|--|----------------------|
| <b>MRT</b>             | <b>NAME AND ADDRESS OF TRAINING ORGANIZATION</b> |                      |
|                        |  |                      |
| <b>TRAINEE STUDENT</b> |  |                      |
| Name: _____            |  |                      |
| Father's Name: _____   | <b>ICAP CRN</b>                                  | <input type="text"/> |

| <b>PERIOD OF TRAINING SERVED</b><br>(Including approved excess leave period) |  |
|--|--|
| IN FIGURES   | From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>D M Y D M Y |
| IN WORDS   | From _____ To _____  |

| <b>LEAVE AVAILABLE</b>   |                      |  |
|--|----------------------|--|
| <b>Normal</b>  | <input type="text"/> | <b>Excess *</b> <input type="text"/> <b>Total leave available</b> <input type="text"/> |
| * Excess leave approved by ICAP's letter No. _____ dated _____ |                      |  |

| <b>IN CASE OF RE-REGISTRATION UPON TRANSFER FROM ANOTHER TRAINING ORGANIZATION OR MRT</b> |                                   |  |  |
|---|-----------------------------------|--|--|
| Previous MRT: _____   | Previous MRT: _____               | TO: _____                                  | TO: _____                                  |
| CRN No. _____   | CRN: _____                        | CRN: _____                                 | CRN: _____                                 |
| Period served From _____ To _____   | Period served From _____ To _____ | Leave available: <input type="text"/> Days | Leave available: <input type="text"/> Days |

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

Place: \_\_\_\_\_

c.c Mr / Ms \_\_\_\_\_



Signature of MRT

\* In case a Trainee Student has availed more leave than the entitlement (100/180 days), this Certificate must not be issued until the excess leave has been approved by ICAP and the trainee has served the period of excess leave in the training organization.

**FORM 'T'**

**NO OBJECTION CERTIFICATE**

[Bye-Law 103(1) & (2)]

I \_\_\_\_\_ of \_\_\_\_\_ hereby certify that Mr/Ms \_\_\_\_\_ served as a Trainee Student under me in accordance with the Chartered Accountants Bye-Laws, 1983 for a period of \_\_\_ years(s) \_\_\_ month(s) and \_\_\_ days(s) from \_\_\_\_\_ to \_\_\_\_\_ under CRN \_\_\_\_\_ and that I have no objection in transferring his/hor Training Contract to another registered training organization.

I hereby certify that during the above mentioned period the trainee student was given leave for \_\_\_\_\_ days.\*

I further certify that during the above mentioned period his / her work was satisfactory. The trainee student has also served with:

Name of Training Organization \_\_\_\_\_

Name of MRT \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_

CRN \_\_\_\_\_ Date: \_\_\_\_\_

And availed \_\_\_\_\_ days leave.

Place: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of MRT  
(Seal of Office)

\* In case if Trainee Student has availed more leave than the entitlement, ICAP's approval must be obtained before issuing NOC.



The Institute of  
Chartered Accountants  
Of Pakistan

## APPLICATION FOR REGISTRATION AS TRAINING ORGANIZATION

### NOTES

- The Form should be Filled / Typed in Capital letters.
- Please Fill or Tick or Cross the boxes as appropriate and Use extra sheets where necessary.
- Write / Type N/A "not applicable" where necessary.
- Pay order/demand draft in favour of ICAP for authorization fee and Partnership deed (in case of partnership firm) be attached with this Form.
- Completed Form with annexure / attachments, signed declaration (attached as Annex 'D') and Undertaking (Annex 'E') be submitted to Directorate of Education and Training, ICAP.

### DETAILS OF PROPOSED TRAINING ORGANIZATION (TO)

Name: \_\_\_\_\_  
Registered Address: \_\_\_\_\_  
\_\_\_\_\_  
City / Town \_\_\_\_\_ Country \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax No \_\_\_\_\_  
E-mail \_\_\_\_\_ Website \_\_\_\_\_  
Status of T.O: Sole Proprietorship  Partnership  Number of Training Office(s)   
Number of Partner(s)  Number of designated MRT(s)  Number of Qualified Employee(s)   
(Please Refer Annex 'A')

### DETAILS OF MEMBER RESPONSIBLE FOR TRAINING (MRT)

Name: \_\_\_\_\_  
Membership No. \_\_\_\_\_ Membership Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
Address of Training Office: \_\_\_\_\_  
\_\_\_\_\_  
City / Town \_\_\_\_\_ Country \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
(Please Refer Annex 'B' for details of other training offices and MRTs)

### DETAIL OF STUDENTS

Total number of Students' Entitlement: \_\_\_\_\_  
Number of Students Registered: \_\_\_\_\_

#### CLASSIFICATION OF STUDENTS:

|                  |                         |               |
|------------------|-------------------------|---------------|
| Junior _____     | Semi Seniors _____      | Seniors _____ |
| Supervisor _____ | Assistant Manager _____ |               |

### DETAIL OF AUDITS

Total number of Audit: \_\_\_\_\_  
Public Listed Companies: \_\_\_\_\_ Others: \_\_\_\_\_  
Paid up Capital in aggregate: \_\_\_\_\_  
(Please Refer Annex 'C' for details of Audits)

Authorization fee payable: \_\_\_\_\_

### SIGNATURE

On behalf of \_\_\_\_\_  
(Please mention the name of Training Organization)

Office Seal: \_\_\_\_\_

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

Designation: \_\_\_\_\_

Place: \_\_\_\_\_

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

**FOR INSTITUTE USE ONLY**

|          |  |
|----------|--|
| File No. |  |
|----------|--|

Checked By \_\_\_\_\_ Date \_\_\_\_\_

Application forwarded to Authorisation Sub-Committee \_\_\_\_\_ Date \_\_\_\_\_

Application forwarded to Appraisal consultant (if required) \_\_\_\_\_ Date \_\_\_\_\_

Put up to Education and Training Committee \_\_\_\_\_ Date \_\_\_\_\_

Registered / NOT Registered \_\_\_\_\_ Date \_\_\_\_\_

To:  
The Directorate of Education and Training  
The Institute of Chartered Accountants of Pakistan  
Chartered Accountants Avenue  
Karachi – 75600.

## DETAILS OF MANAGEMENT PERSONNEL

### Details of Partners / Sole Proprietor

| S # | Name of Partner<br>(ACA/FCA) | Member-<br>ship<br>Number | Member-<br>ship Date | Years of Post Qualification<br>experience as Member |                        | Location of<br>Training<br>Office | Individual<br>student's<br>entitlements |
|-----|------------------------------|---------------------------|----------------------|---|------------------------|-----------------------------------|---|
|     |                              |                           |                      | In Practice<br>⊕                                    | In other<br>Discipline |                                   |   |
|     |                              |                           |                      |   |                        |                                   |   |
|     |                              |                           |                      |   |                        |                                   |   |

Please give following information if any of the partner(s) of the Training Organization is also a partner/ sole practitioner in any other Training Organization / Firm.

| S # | Name of Partner<br>(ACA / FCA) | Name of CA Firm / TO | Partnership /<br>Sole<br>Proprietor | Permission to<br>Train Students |    | Facilities<br>availed |
|-----|--------------------------------|----------------------|-------------------------------------|---------------------------------|----|-----------------------|
|     |                                |                      |                                     | Yes                             | No |                       |
|     |                                |                      |                                     |                                 |    |                       |

### Details of MRTs

| S # | Name of MRT<br>(ACA/FCA) | Member-<br>ship<br>Number | Member-<br>ship date | Years of Post Qualification<br>experience as Member |                        | Location of<br>Training<br>Office | Total<br>number of<br>Students |
|-----|--------------------------|---------------------------|----------------------|---|------------------------|-----------------------------------|--------------------------------|
|     |                          |                           |                      | In Practice<br>⊕                                    | In other<br>Discipline |                                   |                                |
|     |                          |                           |                      |   |                        |                                   |                                |
|     |                          |                           |                      |   |                        |                                   |                                |
|     |                          |                           |                      |   |                        |                                   |                                |

Continued on Reverse

- ⊕ Please specify if the Member completed his/her minimum required practicing period with another firm and in which capacity: \_\_\_\_\_

---

**Details of Qualified Employee(s)**

---

| S # | Name of Qualified Employee | Membership Number | Membership date | Years of Post Qualification experience | Location of Training Office |
|-----|----------------------------|-------------------|-----------------|--|-----------------------------|
|     |                            |                   |                 |  |                             |
|     |                            |                   |                 |  |                             |
|     |                            |                   |                 |  |                             |
|     |                            |                   |                 |  |                             |

---

**Details of Counseling Person(s)**

---

| S # | Name of Counseling Person | Membership Number | Membership date | Years of Post Qualification experience | Location of Training Office |
|-----|---------------------------|-------------------|-----------------|--|-----------------------------|
|     |                           |                   |                 |  |                             |
|     |                           |                   |                 |  |                             |
|     |                           |                   |                 |  |                             |
|     |                           |                   |                 |  |                             |

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**Details of Supervisor(s)**

---

| S # | Name of Supervisor | Membership Number | Membership date | Years of Post Qualification experience | Location of Training Office |
|-----|--------------------|-------------------|-----------------|--|-----------------------------|
|     |                    |                   |                 |  |                             |
|     |                    |                   |                 |  |                             |
|     |                    |                   |                 |  |                             |

-----XXXXXXXXXXXXXXXXXXXX-----



The Institute of  
Chartered Accountants  
OF Pakistan

ANNEX B to  
FORM - U

### DETAILS OF OTHER TRAINING OFFICES AND MEMBER RESPONSIBLE FOR TRAINING (MRT)

*(Please fill in separate Form for each training office)*

Name of Training Organization: \_\_\_\_\_

Address of Training Office: \_\_\_\_\_

City / Town: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax No. \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Nominated MRT: \_\_\_\_\_

Membership No. : \_\_\_\_\_ Membership Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax No. \_\_\_\_\_ E-mail: \_\_\_\_\_

Number of Partner(s)

Number of Qualified Employee(s)

Number of Counseling Person(s)

Number of Supervisor(s)

Total number of Students' Entitlement at Training Office:

Number of Students Registered:

#### CLASSIFICATION OF STUDENTS:

Junior  Semi Seniors  Seniors:

Supervisors  Assistant Manager



## DECLARATION

It is hereby declared that \_\_\_\_\_ will  
*(name of Training Organization)*  
abide by all terms and conditions given in approved Training Regulations and  
Guidelines and other provisions of CA Bye-Laws / Directives / Instructions made by or  
on behalf of the Council of the Institute from time to time in respect of Students and  
Training Organization.

It is further undertaken that \_\_\_\_\_  
*(name of Training Organization)*  
agrees to monitoring visits by the Institute's consultant / representative and will  
implement recommendations resulting from such visits and the Member Responsible for  
Training shall inform immediately to Institute of Chartered Accountants of Pakistan if the  
Training Organization falls short of prescribed authorization criteria.

Place: \_\_\_\_\_

Signature: \_\_\_\_\_

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

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

Designation: \_\_\_\_\_

Office Seal

On behalf of

\_\_\_\_\_  
*(Please mention the name of Training Organization)*

**Note:** This declaration is to be on the letterhead of the Training Organization without typing Annex D on it.

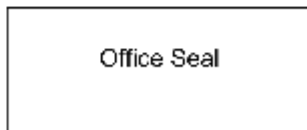
## UNDERTAKING

I \_\_\_\_\_ Membership No \_\_\_\_\_ designated as **Member Responsible for Training (MRT)** by \_\_\_\_\_  
\_\_\_\_\_ for its Training Office at \_\_\_\_\_  
under bye-law 102 of the CA Bye-laws 1983 do hereby undertake that I have thoroughly read and have the knowledge of the relevant Sections of the Ordinance, Bye-Laws, Training Regulations and Guidelines, Institute's schemes of education and Directives of the Council. I have the ability to advise, counsel, evaluate, motivate and provide direction to Students: I have the ability to assume the responsibility of ensuring that six monthly evaluations are made and also assume the responsibility of maintenance of the records strictly as proscribed in the Training Regulations and/or the Guidelines, or otherwise as may be directed by the Committee from time to time. I shall comply with all the future directives and requirements to this effect and have full awareness of the ethics governing the meaning, purview and obligations of an MRT under bye-laws and Training Regulations.

Signature : \_\_\_\_\_

Place : \_\_\_\_\_

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



**Note:** This undertaking will be given on the letterhead of the Training Organization without typing Annex E on it.

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Form 'Z'

**THE INSTITUTE OF CHARTERED ACCOUNTANTS OF PAKISTAN**  
**APPLICATION FOR PERMISSION TO PRACTICE AS**  
**MANAGEMENT CONSULTANCY**

**The Secretary**  
**The Institute of Chartered Accountants of Pakistan**  
**Chartered Accountants Avenue, Clifton**  
**Karachi - 75600**

**PRACTICE AS MANAGEMENT CONSULTANT**

Dear Sir

\*I/We have been practising as Chartered Accountant(s) under the name & style \_\_\_\_\_ as its sole proprietor/partner. \*I/We intend to practice as Management consultants\* \*also. \*My/our particulars are as under and \*I/We intend to undertake to abide by the C.A. Ordinance, 1961, Bye-laws framed thereunder and the directives of the Council in this regard:

- i) Member (S) Name (S) :
- ii) Registration No. (S) :
- iii) Proposed Name Of Management Consultancy  
\* Firm/Company:
- iv) Registered Address of the \*Firm/Company:
- v) Branches & their Addresses showing Name(s) of Practising Member Incharge(s):
- vi) Telephone No:
- vii) Fax No:
- viii) E.Mail Address: \_\_\_\_\_



**APPLICATION FOR PERMISSION TO USE FOREIGN NAME  
TO PRACTICE AS CHARTERED ACCOUNTANTS OR  
MANAGEMENT CONSULTANTS**

The Secretary  
Institute of Chartered Accountants of Pakistan  
Chartered Accountants Avenue, Clifton  
Karachi.

**PERMISSION TO USE FOREIGN NAME**

\*I/We have been practising as Chartered Accountant(s)/Management Consultant(s) under the name & style \_\_\_\_\_.

I/We intend to use foreign name and wish to be called, addressed and identified our firm as \_\_\_\_\_ as long as the foreign affiliation exists.

- (i) Name of the Applicant Firm
- (ii) Complete Mailing Address(es) Phone Fax, E-Mail of the foreign firm with whom affiliation is sought
- (iii) Name, Designation, Mailing Address, Phone, Fax Number of Person Incharge of The Foreign Firm

I/we confirm that the foreign firm is a known name of the International Network of firms which are primarily engaged in public accounting practice and recognized as such within and outside their own respective countries.

\*I/We undertake to furnish such information as may be required by the Institute of Chartered Accountants of Pakistan.

I/we jointly and severally undertake that while applying for styling of firm name in relation to foreign affiliation with an international firm I/we have thoroughly read and understood the relevant Sections of the Ordinance, bye-laws and directives of the Council's and shall comply with all the future directives and requirements to this effect and am/are in full awareness of the ethics governing the meaning, and purview of the C.A. bye-laws and Sectional Index 4.06 and any other directive and that the applicant(s) bind(s) fully responsible for any default to this effect.

I/We further undertake that the permission is subject to the condition that the usage of foreign name is permissible as long as the affiliation with the foreign firm exists.

Yours faithfully

- 1. \_\_\_\_\_
- 2.
- 3.

\* Signature(s) of Sole Proprietor/Partner(s) with ICAP Membership Number.

\* Strike out what is not applicable

*(extra page(s) may be added to if necessary)*

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**LIST OF DOCUMENTS TO BE ATTACHED**

- A. Management and Licensing Agreement with the International Firm or network of firms established and the nature of relationship or its relevant extract of Agreement
- B. (i) Evidence to the effect that the profit/losses of Pakistan Firm are integrated with worldwide/foreign enterprise in certain manner OR
- (ii) Evidence to the effect that the Pakistani firm forms part of the organization of the foreign firm/enterprise being a firm/organization recognized to practice as professional Accounting firm by any country being the member of IFAC and the Pakistani Firm is identified as "member" and the partner(s) of the Pakistani Firm form(s) Part/consituent of the International entity.