

Undertaking

In accordance with the provisions of Directive 3.04 read with proviso (iv) of the Bye Law 10(1) of the Chartered Accountants Bye-Laws, 1983 for concession in annual membership fee (i.e. cases where the member is experiencing severe personal hardship)

I, _____ S/D/W/o _____,

resident of _____ hereby confirm,

warrant and undertake as follows:

1) I am an Associate/Fellow member of the Institute of Chartered Accountants of Pakistan (ICAP) and my membership number is R-_____

2) That details of my last job are as given below **(Please give brief details and evidence)**:

Name of organization	Designation	From	To

3) I have been facing severe personal hardship since _____, on account of: **(Please select the appropriate box)**

i) inability to find employment due to migration to a foreign country **(Please give brief details and evidence)**

ii) financial instability due to prolonged illness **(Please give brief details and medical evidence)**

iii) permanent or temporary incapacity to work full-time **(Please give brief details and evidence)**

iv) inability to work for a period due to special circumstances **(Special circumstances have to be defined in detail and documented)**

v) other **(Please give brief details and relevant evidence)**

4) Other information:

- Number of dependents

S.No.	Name of Dependent	Relationship

- The statement of annual earnings and expenses

Annual Earnings	Source of earnings	Annual expenses

- 5) That I shall inform and update the Institute within 30 business days from the date of ending of the period of hardship.
- 6) That I understand and agree that I would pay prorata fee for the relevant year during which I am no more experiencing personal hardships.
- 7) I hereby undertake that I fully understand and accept that if it is found that the claims made by me regarding my financial position and hardship is incorrect, factually inaccurate or false, disciplinary action shall be taken against me by the Institute in accordance with its established procedures, policies and regulations and the applicable laws.

IN WITNESS WHEREOF, I have executed this undertaking on __ day of the ____ 20__.

Signature: _____

Witnesses:

S. #	Reg. #	Name of Member	CNIC	Signature
1.				
2.				

Encl ()