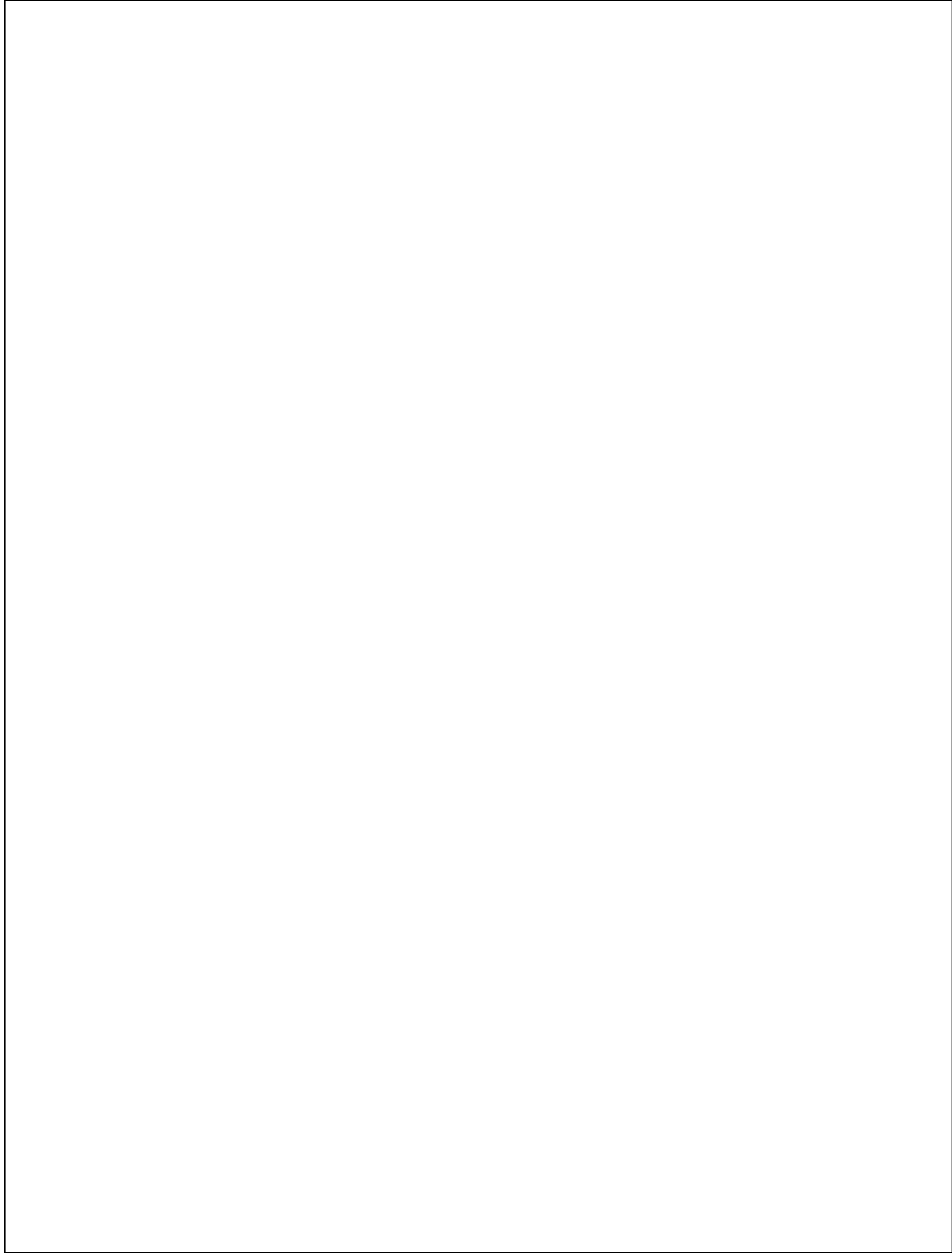


PART III

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



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FORMS OF APPLICATIONS, CERTIFICATES, AGREEMENTS, ETC

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CA
PAKISTAN

Form 'A'
APPLICATION FOR ADMISSION AS A
MEMBER OF THE INSTITUTE

1" x 1"
Photograph
attested at the back
(to be stapled)

▲ * Name in block letters

▲ * Father's/Husband's name

▼ Date of Birth (dd / mm / yyyy)

▼ CNIC

▼ Period of Residence in Pakistan

	-																		
--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--

► Communication Address (Please tick one)

► Residential

► Official

► Permanent

▼ Residential Address

▼ Permanent Address

► Tel:	► Fax:

► Tel:	► Fax:

▼ Official Address

► Designation

► Department

► Job Sector

► Organization

► Address

► City

► Postal Code

► Country

► Office #

► Direct #

► Fax #

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

► Cell #

► Received 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
Foundation/ AFC					
Intermediate/ CAF					
Final/ Module E					
Final/ Module F					

* Please ensure that particulars should be in line with the Examinations' record / CNIC.

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' (REVISED 2014)
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 registered and 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 _____

4 _____

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. #	Organization	Designation	Date of Joining	Date of 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 _____	
Documents examined and applicant found eligible for EXEMPTION from the under-mentioned:			
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 or 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.
- 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 box. Examination 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 Floor, Street

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).

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

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

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 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

FOR PAKISTAN	Check List (For Office use only)	FOR DUBAI
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 CFAP Level / MSA Level Examination
(Bye-Law 125)

This to Certify that

Mr. / Miss. _____

is receiving training with me as trainee student from _____

and he / she is a proper and fit person to be admitted to the CFAP Level / MSA Level Examination to be held under the Chartered Accountants Bye-Laws, 1983.

I also CERTIFY that Mr. /Miss. _____

has this day completed _____ months of his/her training with me under CRN _____

and has successfully completed Course on PVEA*.

Place _____

Date : _____

Signature of MRS

(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)

**STATEMENT OF PARTICULARS FOR REGISTRATION
AS TRAINEE STUDENT BYE-LAW 98 (1) & (2)**

Affix a recent Photograph of (1"x1") which should not be more than 3 months old

1. Name of Trainee Student: _____

2. Father's Name: _____

3. Date of Birth

--	--	--	--	--	--	--	--

 Nationality: _____

4. NIC No:

							-								-	
--	--	--	--	--	--	--	---	--	--	--	--	--	--	--	---	--

5. Qualifications:

Educational Qualification (Academic)	Examinations Passed	Month & Year of Exam	Grade/Div	Board / University/ Institute
Professional Qualification (eg CA PIPFA, ACCA, CIMA, ACMA, MBA etc)				

6. CRN and date of issuance _____

7. Addresses (Communication Address) _____

(Permanent Address) _____

8. Name of MRS _____

Name of Training Organization _____

Address _____

9. Present Status with CRN _____

Continued on reverse

- a. CRN: _____
- b. Name of Previous MRS: _____
- c. Name of Previous Training Organization: _____
- d. Period Served From: _____ to _____
- e. Details of leave availed
- | Study | Sick | Others | Total |
|-------|------|--------|-------|
| | | | |
- f. No objection certificate: 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 MRS

"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 MRS

(Seal of Office)

ATTACHMENTS

1. Birth certificate and Matriculation Certificate duly attested by MRS/ Partner of Training Organization (not required in case of transfer).
2. Attested copy of certificate in respect of educational and professional qualifications with photocopies (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 MRS / Partner) copy to be attached.



TRAINING CONTRACT
(Bye-Law 99)

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 MRS _____, referred to herein as the 'MRS'

Name of Training Organization _____

Address _____

2. The person named below shall be responsible for the Trainee Student's personal and professional development:

(i) Name of Technical Supervisor _____

(ii) Name of Mentor, if any _____

3. This Training Contract governs the Approved Training to be provided to the Trainee Student by an Authorized Training Organization under the Chartered Accountants Bye-Laws, 1983 (as amended from time to time) for the purpose of equipping the Trainee Student with the technical competencies, professional skills and professional values, ethics and attitude 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 ___ years of Approved Training.

*b In case of transfer of Trainee 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.

* (In (a) or (b) write NA whichever not applicable.)

5. This Training Contract shall be subject to the provisions of the CA Ordinance, Bye-Laws and the Training Regulations and Guidelines made by the Council of the Institute from time to time, whether or not such provisions and or regulations came into force before or after the commencement of this Training Contract and the parties agree to comply with such provisions in all respects. The parties hereby acknowledge their mutual commitment to provide an effective training on the one hand and a proper contribution to the work of the MRS's Office on the other.

6. The Trainee Student is required to, under this Training Contract, carry out work at his Training Organization and at other locations and other organizations as specified by or under the authority of the MRS or his Training Organization, provided that such service will count as Approved Training within the regulations.

7. The Trainee Student agrees that, during the existence of this Training Contract and for any period following its expiry or termination during which eligibility to qualify for admission or to be admitted as an Associate of the Institute continues, the Trainee Student will:

- a. use every effort to further the objects of the Institute;
- b. observe and uphold the ethical and professional standards of the Institute;
- c. provide promptly and willingly all possible information and assistance if asked to do so by the Institute in the pursuance of its duties;
- d. properly carry out the duties lawfully assigned by his Training Organization and diligently pursue the studies required of Trainee Students of the Institute;
- e. maintain the confidential nature of the affairs of the Training Organization and its clients including the names and the nature of the business of such clients;
- f. not practice as a public accountant;
- g. not engage in any other business or occupation; and
- h. regularly maintain records of Approved Training in such form as may be required by the Institute.

8. The Training Organization agrees that:

- a. it will provide the Trainee Student with Approved Training to the best of his ability for the purposes set out in clause 3 of this training contract;
- b. it will ensure compliance of all Bye-Laws, Training Regulations, Council Directives and other provisions / instructions issued from time to time by the Institute, in respect of Trainee Student training and administration;
- c. it shall pay the monthly stipend and provides other compensation to its Trainee Students as may be specified by the Institute from time to time during the period of training;
- d. it will monitor the career progression plan and assess the progress annual in recorded form.
- e. provide the name of any person nominated as Technical Supervisor to replace the person named in clause 2 of this Training Contract.

9. This Training contract may be terminated:

- a. by mutual agreement between the parties; or
- b. As prescribed in Bye-Law 107 of CA Bye-Laws 1983

10. This Training Contract may not be altered or amended except as provided for in Bye-Law 100 of CA Bye-Laws 1983.

In witness whereof this Training Contract has been duly executed this _____ the ____ day of _____ in the year _____.

DEED OF AMENDMENT OF TRAINING CONTRACT
(For Service breaks)

This deed of amendment of training contract made and executed this _____
(Execution date)

BETWEEN:

M/s. _____ and _____ CRN. _____
(Training Organization) (Trainee Student)

WHEREAS the above parties have signed the training contract dated _____

Registered with the Institute on _____ for _____ years.

from _____ to _____ under

By-law 99 of Chartered Accountants Bye-Laws, 1983.

AND WHEREAS the both parties decided to amend the training contract to the extent that the completion date has been

changed to _____ due to service break to be availed

from _____ to _____ (_____ days) by

_____ (Trainee Student) in accordance with the directives of the Institute.

NOW THEREFORE this deed of amendment of training contract witnessed to read this as under:-

“The Completion date of the training contract has been revised from _____ to _____ .
(Original date) (New date)

“That as amended as aforesaid the other terms and conditions in training contract dated _____ shall remain in full force and effect.”

Witnesses:

1. _____

Signature of the Trainee Student

2. _____

Signature and Name of MRS
Name of Training Organization

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.

The Director Education and Training
The Institute of Chartered Accountants of Pakistan

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.

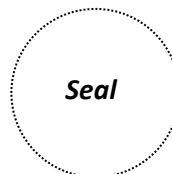
MRS	NAME AND ADDRESS OF TRAINING ORGANIZATION
TRAINEE STUDENT	
Name: _____	
Father's Name : _____	
ICAP CRN	

PERIOD OF TRAINING SERVED (Including approved excess leave period)																		
IN FIGURES	From <table style="display:inline-table; border-collapse: collapse;"> <tr> <td style="border:1px solid black; width:20px; height:20px;"></td> <td style="border:1px solid black; width:20px; height:20px;"></td> <td style="border:1px solid black; width:20px; height:20px;"></td> <td style="border:1px solid black; width:20px; height:20px;"></td> <td style="border:1px solid black; width:20px; height:20px;"></td> <td style="border:1px solid black; width:20px; height:20px;"></td> <td style="border:1px solid black; width:20px; height:20px;"></td> <td style="border:1px solid black; width:20px; height:20px;"></td> </tr> <tr> <td align="center">D</td> <td align="center">M</td> <td align="center">Y</td> <td align="center">D</td> <td align="center">M</td> <td align="center">Y</td> <td align="center">D</td> <td align="center">M</td> <td align="center">Y</td> </tr> </table> To _____									D	M	Y	D	M	Y	D	M	Y
D	M	Y	D	M	Y	D	M	Y										
IN WORDS	From _____ To _____																	

LEAVE AVAILABLE		
Normal <input style="width:60px;" type="text"/>	Excess * <input style="width:60px;" type="text"/>	Total leave available <input style="width:60px;" type="text"/>
* Excess leave approved by ICAP's letter No. _____ dated _____		

IN CASE OF RE-REGISTRATION UPON TRANSFER FROM ANOTHER TRAINING ORGANIZATION OR MRS	
Previous MRS: _____ TO: _____ CRN No. _____ Period served From: _____ To: _____ Leave available: <input style="width:60px;" type="text"/> Days	Previous MRS: _____ TO: _____ CRN. _____ Period served From: _____ To: _____ Leave available: <input style="width:60px;" type="text"/> Days

Date: _____
 Place: _____
 c.c Mr./Ms. _____



Signature of MRS

* This Certificate must not be issued until the excess leave has been approved by the Institute, if required, and the Trainee Students has served the period in lieu 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.

APPLICATION FOR REGISTRATION AS TRAINING ORGANIZATION

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

DETAILS OF PROPOSED TRAINING ORGANIZATION (TO)

Name _____

Registered Address _____

City / Town _____ Country _____

Phone _____ Fax No _____

E-mail _____ Website _____

Number of other Office(s) _____ Number of Partner(s) _____

Number of Qualified Employee(s) _____

Sole Proprietorship Partnership

DETAILS OF MEMBER RESPONSIBLE FOR STUDENT AFFAIRS (MRS)

Name: _____

Membership No. _____ Membership Date: _____

Phone _____ Fax _____ E-mail: _____

DETAIL OF AUDITS

Total number of Audit: _____

Public Listed Companies: _____ Others: _____

Paid up Capital in aggregate: _____

Signature

Name: _____

On behalf of _____
(Please mention the name of Training Organization)

Designation: **Partner In charge**

Place: _____

Office Seal: _____

Date: _____

Note: Please also fill in the annexures A to E

FOR INSTITUTE USE ONLY

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

Checked By _____ Date _____

Application endorsed by Appraisal consultant (if required) _____ Date _____

Put up to Executives of the Institute _____ Date _____

Registered / NOT Registered _____ Date _____

DETAILS OF MANAGEMENT PERSONNEL

Details of Partners / Sole Proprietor

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

S #	Name of Partner (ACA / FCA)	Name of CA Firm / TO	Partnership / Sole Proprietor	Entitlements Availed

Details of MRSs

S #	Name of MRS (ACA/FCA)	Member- ship Number	Member- ship date	Years of Post Qualification experience as Member		Location of Training Office	CPD compliance Status
				In Practice	Outside practice		

Continued on Reverse

Details of Qualified Employee(s)

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

Details of Technical Supervisors (partners)

S #	Name	Membership Number	Membership date	Years of Post Qualification experience	Location of Training Office	CPD compliance Status

Details of Technical Supervisors (employees)

S #	Name	Membership Number	Membership date	Years of Post Qualification experience	Location of Training Office	CPD compliance Status

Details of Mentors (partners)

S #	Name	Membership Number	Membership date	Years of Post Qualification experience	Location of Training Office	CPD compliance Status

Details of Mentors (employees)

S #	Name	Membership Number	Membership date	Years of Post Qualification experience	Location of Training Office	CPD compliance Status

DETAILS OF OTHER TRAINING OFFICES

Name of Training Organization: _____

Address of Training Office: _____

City / Town: _____ Country: _____

Phone _____ Fax _____ E-mail: _____

Name of Nominated MRS: _____

Membership No: _____ Membership Date: _____

Phone _____ Fax _____ E-mail: _____

Number of Partner(s) in training office _____

Number of Qualified Employee(s) in training office _____

Number of Technical Supervisors(partners) in training office _____

Number of Technical Supervisors(employees)in training office _____

Note: Please fill in separate Form for each training office.

DECLARATION

It is hereby declared that _____ will 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 Trainee Students and Training Organization.

(name of Training Organization)

It is further undertaken that _____ agrees to monitoring visits by the Institute’s consultant / representative and will implement recommendations resulting from such visits and the Member Responsible for Student Affairs shall inform immediately to Institute of Chartered Accountants of Pakistan if the Training Organization falls short of prescribed authorisation criteria.

(name of Training Organization)

Place: _____

Signature: _____

Date: _____

Name: _____



Designation: _____

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 Student Affairs (MRS) 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 Trainee Students; I have the ability to assume the responsibility of ensuring that annual evaluations are made and also assume the responsibility of maintenance of the records strictly as prescribed 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 MRS 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.

APPLICATION FOR REGISTRATION AS TRAINING ORGANIZATION

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

DETAILS OF PROPOSED TRAINING ORGANIZATION (TO)

Name _____

Registered Address _____

City / Town _____ Country _____

Phone _____ Fax No _____

E-mail _____ Website _____

Number of Employees who are members of ICAP _____

DETAILS OF MEMBER RESPONSIBLE FOR STUDENT AFFAIRS (MRS)

Name: _____

Membership No. _____ Membership Date: _____

Phone _____ Fax _____ E-mail: _____

PROFILE AND BRIEF ON BUSINESS AND OPERATION OF THE ENTITY

(Please attach Memorandum and Articles of Association and use separate sheets to explain business and operations)

Signature Name: _____

On behalf of _____ Designation:
(Please mention the name of Training Organization)

Place: _____

Office Seal: _____ Date: _____

Note: Please also fill in the annexures A to D

FOR INSTITUTE USE ONLY

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

Checked By _____ Date _____

Application endorsed by Appraisal consultant (if required) _____ Date _____

Put up to Executives of the Institute _____ Date _____

Registered / NOT Registered _____ Date _____

DETAILS OF KEY MANAGEMENT PERSONNEL

Details of Head of key departments

S #	Name	Member-ship Number (If any)	Member-ship Date	Years of Post Qualification experience as Member		Location of Training Office	Individual student's entitlements
				In Practice	In other Discipline		

Details of MRSs

S #	Name of MRS (ACA/FCA)	Member-ship Number	Member-ship date	Years of Post Qualification experience as Member		Location of Training Office	CPD compliance status
				In Practice	Outside practice		

Details of Employees who are ICAP members

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

Details of Technical Supervisors who are ICAP members

S #	Name	Membership Number	Membership date	Years of Post Qualification experience	Location of Training Office	CPD compliance status

DETAILS OF OTHER TRAINING OFFICES

Name of Training Organization: _____

Address of Training Office: _____

City / Town: _____ Country: _____

Phone _____ Fax _____ E-mail: _____

Name of Nominated MRS: _____

Membership No: _____ Membership Date: _____

Phone _____ Fax _____ E-mail: _____

Number of member of ICAP in training office _____

Number of Technical Supervisors in training office _____

Note: Please fill in separate Form for each training office.

DECLARATION

It is hereby declared that _____ will 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.

(name of Training Organization)

It is further undertaken that _____ agrees to monitoring visits by the Institute’s consultant / representative and will implement recommendations resulting from such visits and the Member Responsible for Student Affairs shall inform immediately to Institute of Chartered Accountants of Pakistan if the Training Organization falls short of prescribed authorization criteria.

(name of Training Organization)

Place: _____

Date: _____



Signature: _____

Name: _____

Designation: _____

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 C on it.

UNDERTAKING

I _____ Membership No _____ designated as _____

Member Responsible for Student Affairs (MRS) 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 annual evaluations are made and also assume the responsibility of maintenance of the records strictly as prescribed 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 MRS 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 D on it.

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)

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.

**REPORT ON TERMINATION OF TRAINING CONTRACT
UNDER BYE-LAW 107(I) OF THE CA BYE-LAWS, 1983**

Name of Trainee Student _____

CRN _____

Period _____ Date of _____

Commenced on _____ Termination _____

Name of MRS _____

Name of Training _____

Organization _____

Address of TO _____

MRS's Report

Certified Copies of Following Documents Enclosed:

1. Show Cause Notice
2. Trainee Student's Reply to Show Cause Notice
3. Hearing Proceedings
4. Any other relevant correspondence /papers in respect of the matter

Date _____

Signature & Seal of Office

Actions

Date

1. Documents Checked

2. Termination Recorded

3. Letter of acknowledgement to MRS and copy to Trainee Student issued

4. Receipt of Appeal from Trainee Student (if any)

5. Reference of Appeal to the Council

6. Decision of the Council

Date _____

Signature