

THE PUBLIC ACCOUNTANTS EXAMINATIONS BOARD

A Committee of the Council of ICPAU

P.O. BOX 12464, KAMPALA, TEL: 540125/6 FAX: 540389



ATC(U) STUDENT REGISTRATION FORM

REG. NO.	
REG. DATE:	

*Affix your
Passport size
Photograph here*

Before completing this form please read it carefully with the help of notes on pages 3-4

1.0 GENERAL INFORMATION

1.1 SURNAME:

1.2 OTHER NAMES:

1.3 GENDER: Male Female

1.4 NATIONALITY:

1.5 DATE OF BIRTH:

Date	Month	Year

1.6 ADDRESS:

C/o : _____

P.O.BOX : _____

TOWN/ CITY: _____

COUNTRY : _____

MOBILE TEL.: _____

OFFICE TEL. : _____

HOME TEL : _____

FAX NO. : _____

E-mail : _____

1.7 PASSPORT NO. (See Note 4): _____

2.0 EDUCATIONAL BACKGROUND (See Note 5)

	Schools, Colleges, Universities attended	Examining Body	Date	Grade or Class obtained	Certificate awarded
2.1					
2.2					
2.3					
2.4					
2.5					
2.6					

3.0 EMPLOYMENT RECORD

3.1 Are you permanently employed? Yes No

3.2 Name of Employer:

Address:

.....

.....

.....

Tel.: Fax:

3.3 Date of first Appointment: Designation:

3.4 Previous Appointment(s)

Name of Employer	Designation	From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3.5 Declaration by employer/ referee (See Note 6.)

I certify that the above named has been employed by me/us or has been known to me since (insert date) and that he/she is a fit and proper person to register as a professional student of ICPAU, and that to the best of my/our knowledge the above information is correct.

Name:..... Signature.....

Designation.....

Stamp (if employer)

Address (if referee)

4.0 DECLARATION BY APPLICANT

4.1 I hereby declare that the information given in this form and in all the documents attached in support hereof is true and correct. I hereby apply for registration as a student of ICPAU. If registered, and so long as I remain a registered student of ICPAU, I undertake to observe and abide by the Rules and Regulations of students, candidates, and graduates which are now and may hereafter be in force from time to time.

4.2 I enclose Cheque No..... Bank draft..... Cash.....
in respect of Registration fee (see note 7) for Shs.....
.....
.....

SIGNATURE.....

Date	Month	Year

NOTES:

1. Please complete the application form in CAPITAL LETTERS (in black or blue ink).
2. Attach three passport size photographs which must be certified by your employer/referee.
3. The names entered must agree with names on all supporting documents attached. Any change must be supported by a legal document(e.g. Marriage certificate, Affidavit or Deed).
4. If you have no passport insert "NONE".
5. Attach academic transcripts and certificates. All attached documents must be certified by your employer or referee. Please do not send us original documents.

- 6. The declaration must be made by the Chief Executive or the Head of Personnel and, in the case of a Referee, by a professional of a reputable profession, or a high ranking civil servant.
- 7. Cheques and/or Bank drafts should be crossed and made payable to Institute of Certified Public Accountants of Uganda. Up-country cheques are not acceptable
- 8. Incomplete forms will be returned to the applicant.

FOR OFFICIAL USE ONLY

1. Registration:

(a) Registration No. (b) Date of Registration:

Date	Month	Year

(c) Certificates: Accepted Rejected

Reason for rejection:

Registration Official: Name: Signature

2. Approval:

Remarks

Approving official: Name:

Signature Date:

3. Payment:

Receipt No..... Amount: (UShs) Date.....

Received by Signature

4. Notification Sent by:

Name: Signature Date: