



Promoting Professionalism in Accountancy

INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS OF UGANDA

P. O. BOX 12464, KAMPALA, TEL: 041-4540125, 031-2 262 333, 070-1540 125, 071-2830 651

MEMBERSHIP APPLICATION FORM

For Official Use

MEMBERSHIP NO	
ENROLMENT DATE	
REGISTRATION DATE	

*Attach One
Passport Size
Photograph*

(Note: please complete this form in capital letters)

1. PERSONAL INFORMATION

Title: Dr. Mr. Mrs. Miss. Other

Surname:

Other Name(s):

Date of Birth:

Nationality:

2.0 Permanent (Personal) Address:

Postal Address:

Physical Address:

Tel:

Mobile:

Fax:

E-Mail(s):

3.0 Current Employment Details:

Job Title:

Organisation:

Postal Address:

Physical Address:

Tel: Fax:

E-Mail:

4.0 EDUCATIONAL BACKGROUND

4.1 Academic Qualifications (O' levels onwards).

	Name of Qualification (Beginning with the most recent)	From	To	Awarding Institution	Year of Award
1.					
2.					
3.					
4.					
5.					
6.					

Provide originals of all educational certificates to the Institute for verification, or provide certified copies.

4.2 Professional Qualifications.

	Name of Qualification (Beginning with the most recent)	Membership No.	Awarding Institution	Year of Award
1.				
2.				
3.				
4.				
5.				
6.				

Provide originals of all professional certificates to the Institute for verification, or certified copies.

5.0 EMPLOYMENT RECORD (*Attach CV*)

	Position Held (Beginning with the most recent)	Industry Category (See 5.1)	Name of Organization	From MM/YY	To MM/YY
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

5.1 Please use the following code for Industry Category

	Category	Code
1.	Education	E
2.	Financial Institution	FI
3.	Government	G
4.	Industry and Commerce	IC
5.	Not-for-Profit/NGO	N
6.	Public Practice	PP

6.0 DOCUMENTS SUBMITTED

I hereby enclose the following documents:

	Item	Tick
1.	A passport size photograph	
2.	CPA(U) final certificate or Membership Certificate of Recognised Accountancy Body	
3.	Photocopies of Academic Certificates/Transcripts (O-level onwards)	
4.	Curriculum Vitae	
5.	Contact Addresses of current or former employer	
6.	Contact Addresses of a member of ICPAU who knows me personally	

7.0 FEES

I hereby enclose Shs in respect of:

	Shs
1.	Enrolment Fees
2.	Annual Subscription
3.	Development Fund
	TOTAL

8.0 CONTACT PERSONS

Provide contact of two persons we can reach in your absence or in case of emergency.

	1ST	2ND
Name		
Address		
Telephone		
Email		
Relationship		

9.0 DECLARATIONS

		YES	NO
9.1	Have you been adjudged by a competent court to be of unsound mind?		
9.2	Are you an undischarged bankrupt?		
9.3	Have you been convicted of a serious criminal offence or an offence involving fraud or dishonesty?		
9.4	Have you been charged or convicted in Courts of Law for any case other than those stated above?		

If you have answered yes to any of the above questions, please attach details.

9.5 I promise to notify ICPAU, in writing, of all changes in my address.

9.6 I accept my responsibility to undertake adequate Continuing Professional Development.

9.7 When enrolled, I promise to abide by the Rules of Professional Conduct issued by Council. I will have regard to the statement of integrity, independence and objectivity therein.

9.8 When enrolled, I promise to pay all my dues to the Institute as prescribed by Council.

9.9 I confirm that to the best of my knowledge, the information given in this form is correct.

I hereby apply for **FULL MEMBERSHIP** of the Institute.

Signature: Date:

Fully completed form should be returned to:

The Secretary, ICPAU, P.O. BOX 12464, KAMPALA.

FOR ICPAU OFFICIAL USE ONLY

1. Supporting Documents:

Received by Signature

2. Payment:

Receipt No..... Amount: (US\$) Date:

Received by Signature

3. Notification Sent by:

Mode of Delivery

Name SignatureDate