

THE PUBLIC ACCOUNTANTS EXAMINATIONS BOARD

A Committee of the Council of ICPAU

P.O. BOX 12464, KAMPALA, TEL: 041-4540125/6, 031-2262333, FAX: 041-4540389



CPA(U) STUDENT REGISTRATION FORM

REG. NO.	
REG. DATE:	

*Affix your
Passport size
Photograph here
(See Note2)*

Before completing this form please read it carefully with the help of notes on page 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 EXEMPTIONS

3.1 I wish to apply for exemption from the following subjects of CPA(U) examinations:

Paper Code	Subject	For Student's Use Only		For ICPAU Official Use Only	
		Tick(✓)	Signature	Eligibility	Signature
1.	Financial Accounting				
2.	Economic Environment				
3.	Business Law				
4.	Business Management & Computing				
5.	Quantitative Techniques				
6.	Management Accounting & Finance				
7.	Audit Theory				

FOR ICPAU OFFICIAL USE ONLY

3.2 Remarks by Approving Authority:

.....

Name: Signature: Date:

3.3 Payment:

Advised to pay Shs. Amount paid. Shs.

Received by: Signature: Date:

4.0 EMPLOYMENT RECORD

4.1 Employment Record (*Start with the current dates going backwards*)

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

4.2 Name of Current Organisation:

Address:
.....
.....

Tel.: E-mail:

Employment Terms: Permanent Part-time Others (Specify)

5.0 DECLARATION BY APPLICANT

5.1 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.

5.2 I enclose Cheque No..... Bank draft Cash

in respect of Registration fee (*see note 7*) for Shs.....

SIGNATURE: Date:.....

6.0 DECLARATION BY 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 student of ICPAU, and that to the best of my/our knowledge the above information is correct.

Name:..... Signature:

Designation:

Organisation:

Address:

Tel. No.: E-mail:

Stamp

NOTES:

1. Please complete the application form in CAPITAL LETTERS (in black or blue ink).
2. Attach three coloured passport size photographs. One photo should be certified by your referee. Instant photos are not acceptable.
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 copies of academic transcripts and certificates. All attached documents must be certified by your referee. Alternatively, the Institute can certify the academic documents if you present the originals. Please do not send us original documents.
6. The declaration by a referee must be made by a Chief Executive or Head of Department, Head of an Educational Institute, a member of a reputable profession, or a high ranking civil servant.
7. Cheques and/or Bank drafts drawn in Kampala banks should be 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 ICPAU 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: (US\$) Date.....

Received by Signature

4. Notification Sent by:

Name: Signature Date: