



**The Association of
Certified Public Accountants
International**

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SL68RE, England

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Agreed Registration					
Registration Qual. CAIT901					
Exemptions					
Initials					
Exemption fees to pay			Paid		

Application for admission as a Certified Auditor of Information Technolog

Please use CAPITAL LETTERS throughout

1. Surname (Family name)				Tel:		Work:	
2. Other names				E-mail:			
3. Date of Birth	Day:	Month:	Year:	Age:	4. Nationality:		
5. Address	Street:			Town area:		Town :	
	No.	Province:		Zip code:		Country	

6. Education							
(a) Schools attended		From	To	Exams Passed	Subjects	Results/Grade	
(b) Further Education							
University / Polytechnic / College attended			Course	From	To	Degree / Diploma awarded	
(c) Professional Qualifications							
Name of Body		Exams Passed		Date	Grade of Membership		

7. If a previous application has been made, please state	
(i) Date of application	(ii) Reference number, if known

8. (a) Official Title of Applicant's present Business Position	Date commenced
<p>(b) sent: If your application is successful your employer will be informed and sent a copy of the Association's publication Employer's Guide to Training with the aim of assisting him in providing you with the necessary experience. Please state name of individual, organization and address to which notification should be</p> <p style="margin-left: 40px;">Name:</p> <p style="margin-left: 40px;">Organisation</p> <p style="margin-left: 40px;">Address:</p> <p style="margin-left: 40px;">Nature of Employer's Business</p> <p style="margin-left: 40px;">Airline</p>	

9. I understand that in addition to passing the examinations, the applicant for admission to Associate membership of the Association must have had at least three years acceptable practical experience in Auditing and Accountancy. I propose to acquire this practical experience by:

- Obtain an appropriate range of work experience

Please delete appropriately

10. I propose to obtain tuition for the Association's examination at:

(name of College)

By means of full-time / part-time / sandwich / correspondence course and to present myself for examination first occasion in July / December *(year) * *Please delete appropriately*

11. To be signed by a member of the Association, or failing this, a responsible person such as a senior official in the applicant's place of employment:
It is essential that this section is completed

I hereby recommend
Whom I have known for 1 year as a fit and proper person for admission as a registered Internal Audit Student of the Association and as candidate for its examinations. To the best of my knowledge and belief, the information given in sections 9 to 10 of this form is correct in every particular.

Signature: _____ Date: _____

Grade in the Association or,
Designation and Business: COUNCIL MEMBER
Address: _____

12. I enclose Bank Draft / Cheque / Wire transfer copy for £ / € _____ in respect of registration fee (non-refundable) and annual subscription.

CASH MUST NOT BE SENT

13. I hereby make application for admission as a registered student on the basis of the particulars given in this form, which, I certify to be correct. I have studied the STUDENT'S GUIDE and I undertake, take if admitted, to comply with the regulations set out therein and to bear in full the responsibilities which I would incur as a potential member of the Association

Signature _____ Date _____