



**The Association of
Certified Public Accountants
International**

16 Juniper Drive, Maidenhead, Berks,
SL68RE, England

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E-MAIL: cpa-ysu@btconnect.com

Agreed Registration					Initials	
Registration Qual.					Money Received	€ GBP
Exemptions					Qual.	
Initials					Nat.	
Exemption fees to pay			Paid		Exemp.	
					Branch	
					Date of Registration	

Application for admission as an Internal Audit Student

Please use CAPITAL LETTERS throughout

1. Surname (Family name) (Mr/Mrs/Miss)				Tel:	Mob:	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

(b) If your application is successful your employer will be informed and sent a copy of the Association's publ
Employer's Guide to Training with the aim of assisting him in providing you with the necessary experience.
state name of individual, organization and address to which notification should be

Name

Organisation

Address

Nature of Employer's Business

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

- Following a training scheme organized by the above employer for registered students of the Association
- 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 years 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, th
information given in sections to 10 of this form is correct in ever particular.

Signature:

Date:

Grade in the Association or,

Designation and Business

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 f
which, I certify to be correct. I have studied the STUDENT'S GUIDE and I undertake, take if admitted, to co
with the regulations set out therein and to bear in bind the responsibilities which I would incur as a potentia
Association

Signature

Date