

REGNO: NUMBER ALLOCATED

| | | |
|----|--|----|
| PE | | 17 |
| TE | | 17 |

PASTE YOUR
COLOUR
PASSPORT SIZE
PHOTOGRAPH
HERE

APPLICATION FOR REGISTRATION FORM

Before filling in this form, please read it carefully in conjunction with the notes at the back of this form and in the examinations brochure.

REGISTRATION FOR: (Please tick as appropriate)

| | | | |
|---------------------------------------|--|-------------------------------------|--|
| PROFESSIONAL EXAMINATIONS (PE) | | TECHNICIAN EXAMINATIONS (TE) | |
|---------------------------------------|--|-------------------------------------|--|

1. PERSONAL DETAILS

| | | |
|------------------|-------------------|-----------------------|
| LAST NAME | FIRST NAME | MIDDLE NAME(S) |
| | | |

(See notes 1 and 2)

| | | | | | | |
|--------------------|----------------------|--------------|-------------|---------------|---------------|-----------------------|
| Nationality | DATE OF BIRTH | | | GENDER | | I.D /PP Number |
| | Date | Month | Year | Male | Female | |
| | | | | | | |

| | | | |
|------------------|--|----------------------|--|
| ADDRESS | | CONTACTS | |
| P.O BOX | | Email Address | |
| CITY/TOWN | | Mobile Phone | |
| COUNTRY | | Telephone | |

2. HAVE YOU BEEN REGISTERED WITH ANY OTHER PROFESSIONAL ACCOUNTANCY BODY

| | |
|------------|--|
| Yes | |
| No | |

If YES, indicate the institute & your REG No. Institute/Body REGNO

3. LEVEL OF EDUCATION (Academic/Professional)

(Attach Notarized copies of certificates as per note 3)

| | | | |
|------------|----------------|------------------|------------------------|
| PhD | Masters | Bachelors | Others(specify) |
|------------|----------------|------------------|------------------------|

4. HOW DID YOU LEARN ABOUT iCPAR? (Please tick as appropriate)

| | | | | | |
|--------------|----------------|-----------------------------|-----------------|-----------------|-------------------------|
| Media | Friends | Career talk by iCPAR | Workshop | Students | Others (specify) |
| | | | | | |

6. DECLARATION BY THE APPLICANT

I hereby certify that to the best of my knowledge all the information I have provided on this form and all Supporting documents are true and correct and I agree to abide by the Examination Rules and Regulations of iCPAR.

Signature.....Date.....

NOTES

1. Complete the form in **CAPITAL LETTERS (in black or blue ink)**.
2. (a) Print your names in full in the order on No. 1 of this form.
 (b) Change of name must be supported by a legal document such as Marriage certificate, Affidavit.
3. Indicate your Identity card/Passport No./Identity card No. Driving permit No or Birth certificate No. (for those under 18 years) on the space provided; enclose a passport size photograph, identification document and Notarized copies of your certificates.
4. ICPAR reserves the right to confirm the notarized copies of certificates.
5. Please ensure that your application for registration form is duly completed before payment of fees.
6. Any application for registration form which is incomplete or which is not accompanied by supporting documents and the correct fee will be rejected.

7. MEMBERSHIP REGISTRATION DEADLINES

| | JUNE EXAMINATIONS | DECEMBER EXAMINATIONS |
|--------------------------------------|---------------------------|------------------------------|
| Normal registration | 15 th February | 15 th August |
| Late registration 1month penalty 25% | 15 th March | 15 th September |

8. iCPAR BANK DETAILS

| | |
|--------------------------------------|-------------------------|
| Bank of Kigali Account Number | 00040-0335616-29 |
|--------------------------------------|-------------------------|

| | |
|-------------------------------|------------------------|
| Ecobank Account Number | 110-04413101-72 |
|-------------------------------|------------------------|

FOR OFFICIAL USE ONLY

Receipt No......

Amount (Frw).....

Signature.....

Date.....

REG NO Allocated.....

First exam date.....

First renewal date.....