

Annex II

**FORM 1: APPLICATION FOR ASEAN CHARTERED PROFESSIONAL ACCOUNTANT
(ACPA)**

(To be completed by Applicant in BLOCK LETTERS)

Name of Accountant Applicant (As in Passport) :

Name of Country of Origin :

Academic Qualification Obtained :

Qualification Place and date obtained :

NAB Membership / Accountant Registration No¹. :

(Country of Origin)

NAB Membership / Accountant Registration Date¹ :

ASEAN CHARTERED PROFESSIONAL ACCOUNTANTS Register (ACPAR):

Certified Compliance with ACPA Criteria:

1.	Possess a Strata-1 (S-1) or Diploma IV (D-IV) from accountancy program which has been accredited under prevailing education law and regulations. Overseas degrees must be from an accountancy program which has been acknowledged with equivalence status by the relevant authority/-ies. ²	
2.	Possess a current and valid Professional Certification from IAI, IAMI, or IAPI; or license/registration from FPSC. ²	
3.	has at least three (3) years of relevant practical work experience cumulatively within a five (5) year period following graduation (see Annex III). ³	
4.	Fulfil CPD requirement from FPSC or relevant professional association (see Annex IV). ³	
5.	Does not have any record record of serious violation on technical, professional or ethical standards, either in Indonesia or elsewhere. ⁴	

Applicant's signature :

<u>For Official Use Only</u>	
ACPA AMCI :	Meeting Date:
(Name of Country of Origin)	
Result :	Approval Date :
ACPA No :	Registration Fee :
Secretary General:	Cashier/proof of payment:

Note:

- delete if not applicable
- supply evidence in forms of official documents (or their legal copy) from relevant authority/institutions.
- supply evidence in the standard form in the relevant annex or in other formats so long as they contain (1) the information required in the standard forms and (2) be sufficiently attested by relevant third/independent party where applicable.
- supply evidence in forms of official statement from relevant authority/institutions.

Annex III

FORM 2: RELEVANT PRACTICAL EXPERIENCE FOR ASEAN CHARTERED PROFESSIONAL ACCOUNTANTS REGISTRATION

Name of Accountant Applicant (As in Passport) :

Name Title (Mr., Mrs, Ms., Ar., Dr.) :

Qualification Place and date obtained :

License / Registration / Membership No*.
(Country of Origin) :

License / Registration / Membership Date* :

Qualification :

Date of Birth (DD/MM/YY) :/...../.....

Mailing Address :
:
Postcode :
Country :

Present Company/Organisation Name :
Company/Organisation Address :
:
Postcode :
Country :

I wish to be registered on the ASEAN Chartered Professional Accountants Register (ACPAR) and apply as described below in accordance with the provision that requires acquisition of relevant practical experience of minimum three (3) years cumulatively within the last five (5) year period.

Annex III

**FORM 2
RELEVANT PRACTICAL EXPERIENCE FOR ASEAN CHARTERED
PROFESSIONAL ACCOUNTANTS REGISTRATION**

Relevant Professional Accountancy Work Experience Record

Start Date / End Date (Months)	Organisation(s) / Position / Designation	Responsibility / Scope of Work	Attestant's Information (Note 1)		
			Signature	Relationship to Applicant	Tel / Email

Note 1: The attestant above shall be, in principle, the representative of the organization which the applicant has worked for.

To ASEAN Chartered Professional Accountant Monitoring Committee,

I hereby declare that the above descriptions are true to the best of my knowledge.

Signature :

Accountant Applicant's name :

Date :

Annex IV

**DECLARATION FOR THE APPLICATION ASEAN CHARTERED PROFESSIONAL
ACCOUNTANT (ACPA)**

I hereby declare that:

	YES	NO
I am an Accountant and complied CPD requirements	<input type="checkbox"/>	<input type="checkbox"/>
I meet the entire requirement as stated in Article 4 of the ASEAN Mutual Recognition Arrangement (MRA)	<input type="checkbox"/>	<input type="checkbox"/>
No disciplinary action have been taken against me	<input type="checkbox"/>	<input type="checkbox"/>
I am not a bankrupt	<input type="checkbox"/>	<input type="checkbox"/>

Others:

.....
.....
.....

Yours Sincerely,

.....

Name :

Identity Card No. :

NAB Membership / Accountant Reg. No. :

Date :