



# International Institute of Certified Professional Accountants®

## ICPA® Application Form — Chapter India [www.iicpa.in](http://www.iicpa.in)

**Requirements:** Fellow of a recognized professional accounting or financial institute or association,  
OR a Bachelor's of Commerce degree or equivalent plus professional examination, eg. ICAI or equivalent

(1) **Please fill-in this form and email it to us at [secretary \[at\] iicpa.com](mailto:secretary[at]iicpa.com) AND [tmanasda \[at\] yahoo.com](mailto:tmanasda[at]yahoo.com)** as a scanned attachments along with the (2) admission (or wall certificate) of the professional accounting institute/association(s) on which the applicant relies, and (3) a recent C.V. (optional). All fields are mandatory.

PLEASE PRINT IN CAPITAL LETTERS.

Full name (first name, middle name, family name) as to be shown on the certificate issued by IICPA:

\_\_\_\_\_

Date of birth: \_\_\_\_\_ Citizenship \_\_\_\_\_

Email addresses: \_\_\_\_\_

Telephone (country code - and number) \_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_

Academic degree(s):

\_\_\_\_\_

Title, name of college/university, year

\_\_\_\_\_

Professional accounting, auditing, management consulting etc. designation(s):

\_\_\_\_\_

Name(s) of institute(s), country(ies), year(s) – Specify on separate sheet, if needed.

### Solemn Affirmation and Consent:

- I attest that the information provided herein is **true and correct**.
- I agree that the information provided by me may be **audited** by the Institute and, if found to be false and misleading, may result in revocation without recourse of my credentials and certificate awarded/issued by the Institute.
- I further agree to abide by the decisions of the Institute at its sole discretion **without recourse** as to the disposition of my application(s).
- **The Code of Professional Conduct:** I further attest that I have read the Institute's Code of Professional Conduct as promulgated by the International Institute of Certified Public Accountants Incorporated in the State of Delaware [www.iicpa.com](http://www.iicpa.com) and, if awarded the Institute's credentials, I agree to abide by, and to comply with, the said Code of Professional Conduct *mutatis mutandis*. I agree that the Code of Professional Conduct may be amended by the Institute from time to time.
- I further agree that professional misconduct may result in revocation of my credentials and cancellation of the certificate awarded/issued by the Institute.
- **I consent to the publication**, electronic or otherwise, of a list by the Institute of its credentialed and certified persons and their position, country of work or residence or citizenship, including myself; but without my physical/postal or email addresses unless specifically requested or authorized by me.
- **One-time prepaid fee for the lifetime ICPA®, International Certified Professional Accountant® award(s), certificate(s) and license(s):** I accept that the Institute's **one-time** non-refundable prepaid one-time fee for the life-time award(s), license(s) and certificate(s) amount to CHF 1400, or € 1195 EUR, or \$1450 USD, which will be billed to and paid by me upon approval of this application, and before the issuance and delivery to me of the lifetime designation and certificate. (There shall be no annual or periodic membership fees.)

Place and date: \_\_\_\_\_

\_\_\_\_\_  
Applicant's signature