

## Membership Application Form

Please complete this form if you have completed all your graduation requirements. In order to process your application in a timely fashion, please attach any required documentation. *Kindly complete the form, print and submit.*

### **Part 1: PERSONAL INFORMATION:**

This section is to be completed by the **Applicant**.

Please ensure you complete all your personal details; also ensure that all of your information is current in CGA-PAKISTAN.

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name(s)	Last Name

hereby make application for membership in the Institute of Certified General Accountants (CGA-PAKISTAN). I have, honestly and truthfully, completed all requirements for admission to membership, or I have, honestly and truthfully, completed all requirements for admission to membership except for receiving confirmation that I have successfully passed my final exam.

Name you would like on certificate

**Salutation:** Dr  Mr  Ms  Mrs

**Gender:**

Date of Birth:

Please SPECIFY your Citizenship:

Residential Address:

Residence Phone No:

Official Address:

Office Phone No:

Cell No:

Email ID (Personal):

Email ID (Official):

### **Part 2: PROFESSIONAL INFORMATION:**

Company Name:

Job Title:

Address:

Please enter your preferred mailing and email addresses want to record in CGA-PAKISTAN:

Preferred Mailing Address: Home  Employer  Preferred Email: Home  Employer

**Reminders:**

If your name has changed since the time of your initial enrolment in the program, please provide us with proof of your legal name change.

The following will act as confirmation of a name change:

Copy of Marriage Certificate and copy of one of the following: driver’s license, passport or, Copy of Divorce Decree and copy of one of the following: driver’s license, passport, or, Copy of Legal Change of Name Certificate and copy of one of the following: driver’s license, passport.

**Note** that if your citizenship changed since the time of your initial enrolment in the program we will require a proof of your current/new Citizenship.

**CONFIRMATION:**

*for office use only*

This section is to be completed by the **Association**.

The above applicant has satisfied all the requirements prescribed by the Board of Governors for admission as a member of The Institute of Certified General Accountants (CGA-PAKISTAN).

Signature Director, Education (CGA-Pakistan)

Date

Accepted by the Board of Governors for the admission/ membership of The Institute of Certified General Accountants Pakistan (CGA-PAKISTAN).

Date of Resolution

Certificate Number

Signature - Secretary

CGA-PAKISTAN CRN Number

Full Name of Applicant

## PART II: TERMS AND CONDITIONS

This section is to be completed by the **Applicant**.

Name of Applicant:

Please read each of the terms and conditions below and initial, if fully understood:

	Initial
If admitted as a CGA member, I agree to read and strictly comply with and be bound by the Accountants (Certified General), the CGA-PAKISTAN Bylaws and Code of Ethical Principles and Rules of Conduct and any changes that may occur from time to time. I acknowledge that I have access to these regulations through the CGA-PAKISTAN Website. I understand that any breach of these rules and regulations could make me liable to disciplinary action under these regulations including my name being published in a public advisory or discipline summary.	
Moreover, implicit in the statement set out above, I agree to meet the requirements of the Continuing Professional Development program in accordance with the Association's policy.	
I also understand that if I intend to engage in the practice of Public Accounting, I must fulfill the Public Practice entrance requirements.	
If admitted as a CGA member, I accept the membership upon the following conditions, to which I agree: Member certificates remain the property of the Association and must be returned on demand in the event of my ceasing to be a member or upon my being suspended/expelled for breach of the Association's Bylaws, Code of Ethical Principles and Rules of Conduct or regulations.	
I understand that if I am working within Canada on a valid work permit, I may still obtain my membership. However, I understand that it is my responsibility to maintain my eligibility to work within Canada and I understand that it is illegal to work within Canada without a valid work permit. Ignore this "Term and Condition" if you are a Canadian Citizen or a Permanent Resident (landed immigrant).	
If you are still awaiting the results of a final exam at the time of this application submission, please note that the Association will hold the processing of this form for a period of up to one (1) year contingent on your receiving a passing mark in the final exam. If a passing grade is not obtained within one (1) year, this application will be made void and you will be responsible for submitting a new application for membership when it is believed all your requirements for graduation have been met.  During the period of time it takes for the processing of this form, which could be up to one (1) year, I understand that it is my responsibility to notify the Association of any changes to the Declarations I have made under Part III of this application.	
I understand that if it is subsequently determined that information provided in this Application form was incorrect, incomplete or otherwise misleading; the matter will be subject to disciplinary action.	

I know of no fact or circumstance relating to my character or reputation that would render me ineligible to become a member of the Association.

Signature of Applicant

Date

## PART III: ETHICAL DECLARATION

This section is to be completed by the **Applicant**.

In your employment, business or personal affairs have you, or any company in which you have a direct or indirect controlling interest, in B.C. or elsewhere:

- ever been charged in Canada or elsewhere, with any crime, offence or delinquency under a statute **No**  **Yes**  or ordinance, excluding parking or speeding tickets if you have received fewer than five such tickets in the last three years?
- ever been a defendant in any civil action in which allegations of fraud, theft or misrepresentation were made against you? No  Yes
- ever failed to obey a court order? No  Yes
- ever as a member of a professional association or body, had disciplinary action commenced against you, or been censured, suspended or disqualified? No  Yes
- ever had disciplinary action commenced against you, or been censured, suspended or barred by a securities regulator? No  Yes
- ever been denied, or had revoked, a license or permit whose procurement required proof of good character? No  Yes
- ever been refused registration as a student, an accountant or similar position in a professional association or body in any jurisdiction? No  Yes
- ever been involved in any issue or controversy that has gone, or is now likely to go to litigation or public review? No  Yes
- declared bankruptcy within the past 7 years? No  Yes

If you have answered "Yes" to any of these questions, please include full details with this application. Your application will be considered based on the facts within the supporting information you provide.

Name of Applicant

**Part IV: MEMBERSHIP SPONSORSHIP**

It is the responsibility of the applicant to obtain sponsorship of two CGA members who can vouch for the applicant's suitability for membership.

(If the Applicant does not know any CGA-Pakistan member, then leave this section blank):

**Full (Legal) Name of Applicant:**

This section is to be completed by the applicant's **Sponsors**. Please print and sign.

I have personal knowledge of this applicant, and nothing precludes me from believing that this applicant is of good character and reputation and suitable for membership.

CGA Sponsored by (Name)

Country of Membership

Sponsor Member ID

Signature

Date

I have personal knowledge of this applicant, and nothing precludes me from believing that this applicant is of good character and reputation and suitable for membership.

CGA Sponsored by (Name)

Country of Membership

Sponsor Member ID

Signature

Date

Name of the Applicant:

## Part V: EMPLOYER NOTIFICATION REQUEST (Optional)

This section is to be completed by the **Applicant - optional**. (Please ensure your information is legible).

Applicant Name:

CGA (P) ID Number:

If you would like CGA-PAKISTAN (the Association) to notify your employer in writing that you have been granted your CGA designation, please provide us with the following information (otherwise leave blank):

Name of Employer/Company Name

First and Last Name of Supervisor

Title of Supervisor:

Supervisor Salutation (SELECT ONE):

Mr  Ms  Mrs  Dr

Is your supervisor a CGA Member:

Yes

No

Provide your employer's mailing address (include PO Box if required):

Address Line 1:

Address Line 2:

City:

Province:

Postal Code:

Country (if NOT Pakistan):

**CGA-PAKISTAN** dues cover annual membership from date of the membership through the next year.

A full year's dues payment is required upon joining the CGA-PAKISTAN. To align new members with the CGA-PAKISTAN billing cycle, they are billed a prorated dues renewal for the following fiscal year.

Renewal payments are due each year on the date of membership.

### **Application Checklist:**

- Registration Form duly filled.
- Scan Copy of CNIC (for Pakistani Citizens).
- Scan Copy of Passport (for Non- Pakistani Citizens).
- Scan Colored photograph (for membership card)
- Scan Copies of Educational Documents.
- Scan Copies of Professional Qualifications (If any)
- Scan Copies of Experience Certificates (If Any)
- Other supporting documents (If Any)

Name of the Applicant: