

**Form 'E' APPLICATION FOR THE ISSUANCE of CERTIFICATE OF PRACTICE (Bye-law 8)
PERSONAL DETAILS (Directive 4.28)**

Member's Name: (As per ICAP records)		_____		
Father's/Spouse Name		_____		
Date of Birth	____/____/____	Membership Number	_____	
CNIC Number:		_____		
Residential Address:		_____		
Cell number		Land Line		
Professional Qualification and Membership				
Training Experience: For those who have undertaken training outside Practices (minimum two years training is required in practice reference of Bye-law 109)				
Name of Training Organization		_____		
Training Period		From ____/____/____	To ____/____/____	
Job Experience Up to 5 years	Entity	Position	From:	To:
Practice Details				
Practice as:		Sole Proprietor	Partnership Firm	
Trade Name				
Registered Address		_____		
Cell Number	_____	Land line	_____	
Email address		_____		
In case of Practicing with a Foreign Firm outside Pakistan as partner (with nonmembers) *				
Trade Name (name is not required to be in accordance with Directive 4.06)				
Registered Address		_____		
Cell Number	_____	Land line	_____	

Email address	
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*** In case of ICAP members opting to practice outside Pakistan with a foreign Firm (having non - members as partners), ICAP will grant the CoP to the Member in accordance with the CA Ordinance 1961. However, the firm will not be part of ICAP records and Member will be listed as Practicing member with a foreign firm in ICAP Directory and records.**

Note – City of residence should be same as the location of office (Directive 4.02)

DECLARATION & UNDERTAKING

Please Attach:

- a. Payment evidence
- b. Copy of CNIC of applicant
- c. If previously employed, submit Employment release letter from the last employer.
- d. In case of Partnership, submit, Registered Partnership Deed
- e. Form 'C'

I hereby declare that I do not have any disability specified under Section 8 of the Chartered Accountants Ordinance, 1961 and in addition, do not have physical impairment or disability which is likely to affect ability to undertake/continue practice as a Chartered Accountant or Management Consultant.

I also undertake to comply with all the requisite professional and ethical standards and laws, rules and regulations, including but not limited to, the Code of Ethics, Chartered Accountants Ordinance, 1961, Chartered Accountants Bye Laws, 1983, Rules, Directives and applicable accounting and auditing standards.

Undertaking

I declare to the best of my knowledge, that all the information, I have given in this Form is correct, I understand that ICAP has the unfettered right to verify and/or confirm the authenticity and accuracy of any and all information provided by me.

Specific Declaration under Licensing Control under Anti Money Laundering and Combating the Financing of Terrorism

I, hereby confirm that, to the best of my knowledge and belief I have not been convicted by a competent Court, whether within or outside Pakistan, of an offense involving moral turpitude, money laundering and terrorism financing, and any other criminal offense punishable with transportation or imprisonment; or of an offence, not of a technical nature, committed in professional capacity unless in respect of the offence committed, I have either been granted a pardon or, on an application made in this behalf, the Federal Government has, by an order in writing, removed the disability, for the purpose of obtaining membership.

Signature _____ Place: _____ Date: _____