

PERSONAL AND PROFESSIONAL INFORMATION FOR RENEWAL OF THE CERTIFICATE OF PRACTICE (H-1)

(Directive 4.28)

Member's Name: (As per ICAP records)	-----		
CNIC Number:	-----	Membership Number	-----
Residential Address:			
Cell number:	Land Line:		
Firm Details			
CPD Record			
Practice as: (Please Tick)	Sole Proprietor	Partnership	Foreign Firm not registered with ICAP *
Name of firm (s):			

*** only for those members who have been given the separate COP for practicing with a foreign firm outside Pakistan**

I have checked and corrected, wherever required, my personal and professional information available with the Institute and hereby confirm that the same are correct to the best of my knowledge.

Declaration / Undertaking

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.

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.

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.

Place: _____ **Date:** _____ **Signature:** _____