

APPLICATION FOR REGISTRATION AS OVERSEAS TRAINING ORGANIZATION INSIDE PRACTICE

To:

**The Secretary
The Institute of Chartered Accountants of Pakistan
Chartered Accountants Avenue, Clifton
Karachi – 75600. Pakistan**

DETAILS OF PROPOSED TRAINING ORGANIZATION (TO)

1. Name: _____
2. Registered Address: _____

3. City/State: _____ 4. Country: _____
5. Phone: _____ 6. E-Mail: _____ 7. Website: _____
8. No. of Members who are Partner(s)/Employee(s): _____
9. No. of Partner(s)/Employee(s) from other Professional Accounting Organization(s): _____
10. Legal Status of the Firm: **Please tick one** (Sole Proprietorship/Partnership/Others (please specify):

11. In case of Partnership; please submit the following:
 - a. Deed of Partnership or its equivalent
 - b. Nomination of Authorized Representative by CEO/COO/Company Secretary or Equivalent
12. Certificate of Incorporation of the firm (or its equivalent) with the regulatory body
13. Attach brief Profile of Business & Operations of the firm

DETAILS OF AUDITS

Total no. of Audit(s) _____ No. of audits of Limited Companies: _____
Paid-up Capital in aggregate: _____

DETAILS OF AUDITS

(Complete list is not required. Firm may list down audits which fulfill the minimum requirement for authorization)

#	Name of Client audited with address	Nature of Business	Public/Private Limited/Sole Proprietor/Other	Paid up Capital in US\$	Remarks

Certified that the above information is correct to the best of my knowledge.

DETAILS OF MEMBER RESPONSIBLE FOR STUDENT AFFAIRS (MRS)

Certified that Mr./Ms. _____

Membership No. _____ Phone: _____ Cell: _____ Email: _____

has been nominated as Member Responsible for Student Affairs.

Details of members who are Partner/Employee of the firm

#	Name	Membership No.

Details of Technical Supervisor(s)

#	Name	If ICAP Member, please mention Membership No.	For others, please mention qualification, years of experience, and name of PAO

Signature of Authorized
Representative

Name: _____

On Behalf of _____ Designation: _____
(Please mention the name of Training Organization)

Office Seal: _____ Place: _____
Date: _____

DECLARATION

It is hereby declared that _____ will abide by all terms and conditions given in
(name of Training Organization)

Directive 1.03, Overseas Training Regulations and Guidelines and other provisions of CA Bye-Laws/ Directives/Instructions made by or on behalf of the Council of the Institute from time to time in respect of Trainee Student and Training Organization.

It is further undertaken that _____ agrees to monitoring visits by the
(name of Training Organization)

Institute's consultant/representative and will implement recommendations resulting from such visits and the Member Responsible for Student Affairs shall inform immediately to Institute of Chartered Accountants of Pakistan if the Training Organization falls short of prescribed authorization criteria.

Place: _____ Signature of Authorized Representative: _____

Date: _____ Name: _____

Designation: _____ On behalf of: _____
(please mention the name of Training Organization)

Office Seal

Note: This declaration is to be printed on the letterhead of the Training Organization signed by the Authorized Representative.

UNDERTAKING

I _____ Membership No _____ designated as **Member Responsible for Student Affairs (MRS)** by _____ for its Training Office at _____

under bye-law 102 of the CA Bye-laws 1983 do hereby undertake that I have thoroughly read and have the knowledge of the relevant Sections of the Ordinance, Bye-Laws, Training Regulations and Guidelines, Institute's schemes of education and Directives of the Council. I have the ability to advise, counsel, evaluate, motivate and provide direction to Trainee Students; I have the ability to assume the responsibility of ensuring that annual evaluations are made and also assume the responsibility of maintenance of the records strictly as prescribed in the Training Regulations and/or the Guidelines, or otherwise as may be directed by the Council from time to time. I shall comply with all the future directives and requirements to this effect and have full awareness of the ethics governing the meaning, purview and obligations of an MRS under bye-laws and Training Regulations.

Signature: _____

Place: _____

Date: _____

Office Seal

Note: This undertaking will be given on the letterhead of the Training Organization.