

**Form `D`
See Regulation 8(1)**

**INSTITUTE OF COST AND MANAGEMENT
ACCOUNTANTS OF PAKISTAN**

APPLICATION FOR THE ISSUE OF CERTIFICATE OF PRACTICE

The Secretary,
Institute of Cost and Management
Accountants of Pakistan
Karachi.

Sir,

I hereby apply for the grant of a Certificate of Practice under section 6 of the Cost and Management Accountants Act (XIV) 1966.

I undertake to furnish such information(s) as may be required by the Council in proof of my being in practice as a Cost and Management Accountant.

As and when I cease to be in practice I shall duly inform the Council for having done so as required under the ICMAP Regulation.

I enclose a Bank Draft / Crossed Cheque No. _____ dated _____ for the sum of Rs. _____ being the application fee.

Your faithfully,

Signature: _____

Name: _____

Membership #: _____

Address of the Firm: _____

Place: _____

Date: _____

**INSTITUTE OF COST AND MANAGEMENT
ACCOUNTANTS OF PAKITAN**

APPLICATION FOR CERTIFICATE OF PRACTICE

NAME: _____ MEMBERSHIP #: _____

FATHER'S NAME: _____ ELECTED ON: _____

ACADEMIC QUALIFICATION:

| YEAR | EXAMINATION | INSTITUTION | GRADE/DIVISION |
|------|-------------|-------------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

COMPUTER KNOWLEDGE:

EXPERIENCE (Start from the latest job):

Detail job assignment should be given on the attached sheet.

| FROM | TO | TITLE/DESIGNATION | EMPLOYING ORGANISATION | BUSINESS SECTOR |
|------|----|-------------------|------------------------|-----------------|
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |

OVERALL EXPERIENCE:

| | <u>No. of years</u> | | <u>No. of years</u> |
|-------------------------------|---------------------|--|---------------------|
| a) Auditing _____ | | b) Cost and Financial Accounting _____ | |
| c) Income Tax Practice _____ | | d) System Designing _____ | |
| e) Computer Application _____ | | | |

Tentative Practicing Date: _____

Name of the Firm: _____

Address: _____

Phone #: _____ Fax #: _____ E-mail: _____

Will you have partner(s)? If so, please give details:

| | Name | Membership No. and other details |
|----|-------------|---|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |

Please provide any other information you consider relevant:

Credit Hours of CPE:

| Courses/Lectures | Date (s) | Organisers | CPE Hours | Remarks |
|-------------------------|-----------------|-------------------|------------------|----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Date: _____

Signature: _____

FOR OFFICE USE ONLY

C.O.P. Fee Receipt No. _____ Date _____ Rs. _____

Annual Subs. Receipt No. _____ Date _____ Rs. _____

Remarks: _____

APPROVED / NOT APPROVED

PRESIDENT