

INSTITUTE OF COST & MANAGEMENT ACCOUNTANTS OF PAKISTAN

CERTIFICATE OF PRACTICE

FORM "D-1"

Does he/she intend to practice independently or jointly with any other practicing members? In case, he/she intends to practice jointly with any other member full name and membership number of such member together with address should be mentioned.

Ans. _____

The name & style under which he will practice as a Cost & Management Accountant.

Ans. _____

The address & telephone number etc of the proposed office premises:

Address: _____

Office Phone: _____ Fax: _____

E-mail: _____

If has not acquired an office or does not intend to acquire an office in near future where he/she will operate from and what will be the address, telephone number etc of such premises? What type of facilities are available at such premises for operating as a practicing member?

Ans. _____

What is his present business, profession or vocation? He/she should give full particulars of his present pursuit including the name of employer, his/her designation and his/her job description?

Ans. _____

When will quit his/her present business, profession or vocation if he/she is not already engaged in an independent consultancy work?

Ans. _____

How many & of what category of employees, he/she intends to employ to begin with his/her practice. What type of furniture & fixture he/she intends to procure for his/her office?

Ans. _____

When does he/she intend to start his practice?

Ans. _____

In what areas of professional interest, he/she intends to practice and why does he/she consider himself to be competent to perform such type of work?

Ans. _____

In addition to the above information, the applicant should submit a declaration that:

During the period for which he/she holds the Certificate of Practice he/she will not accept directly or indirectly any employment as a whole time or part time employee and that he/she will not declare himself as a practicing member of the Institute until he/she is relieved from his/her employment and an actual Certificate of Practice has been received by him.

Declaration:

Signature