


SINGAPORE ACCOUNTANCY ACADEMY
 Training Arm of the Institute of Certified Public Accountants of Singapore
CONTINUING PROFESSIONAL EDUCATION
PROGRAMME

Registration Form	Tick (✓) where applicable	
	Company Cheque <input type="checkbox"/>	Personal Cheque <input type="checkbox"/>
	For Official Use Only	
	Receipt No	Amount: S\$

ICPAS Membership Status

Provisional Non-Practising Practising Member-in-Retirement

Student Membership Status

ACCA Joint Scheme CAT Joint Scheme ATTS
 (Duplicate copy of student membership is required)

Others (Please tick (✓) where appropriate)

Staff of Practising Member (those who work for an accounting firm)
 Non Member

Title			
Name (In Block Letters)			
NRIC No (Compulsory)		Student No.	Membership
Mailing Address			
Postal Code ()			
Company			
Designation			
Tel		Fax	
Tel (Res/Pgr)		E-mail	

Course Title	Course Code	Date
1)		
2)		

I enclose a crossed cheque of S\$ _____ (cheque no _____)
 payable ***Institute of Certified Public Accountants of Singapore*** or ***ICPAS***

Contact Person		Designation
Contact No :	Fax :	E-mail:

Employer's Signature (for Staff of Practising Member only)	Company Stamp
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Separate cheques to issued for different courses • There will be no refund or withdrawal • There will be no postponement
 • Replacement or Substitution may be accepted subjected to prior arrangement and availability •
 Notice of replacement must be made in writing at least a week before the course commencement •
 SAA reserves the right to cancel or change the venue, speakers, course dates and course fees should circumstances warrant.