



ANNUAL MEMBERSHIP RENEWAL FORM-FIRM

ABOUT THIS FORM

KICPAA Annual Membership Renewal form is sent to members in December annually for updating their information, and renewing the membership status with KICPAA for the following year.

Please read this form carefully before filling it.

Once you have completed this form, please submitted to KICPAA by email as soft-copies or directly submit to KICPAA office.

All forms are available at this link:

<https://www.kicpaa.org/membership-2/form/>

WHO SHOULD USE THIS FORM?

All KICPAA members are required to complete this form and submit to KICPAA no later than 31st December of each year.

PAYMENT METHOD:

KICPAA secretariat will issue the invoice of the Annual Membership Renewal fee for the members in January.

KICPAA members can make the payment by:

- Direct payment at KICPAA Office
- Or
- Transfer to KICPAA Bank Account as stated in KICPAA invoice.

Note:

- KICPAA will not go to collect the payment at any certain place.
- Once the payment has been paid, it is not refundable at any cases.
- If there are any services charged on transferring the payment, the transfer or has to cover the fee.
- If KICPAA does not received the full amount due in the invoice, the payment will not be processed.
- Late payment shall be informed to KICPAA by email and explain in details within the due date stated in the invoice.
- Your membership status will be ineffective during the unpaid period.

CONDITIONS:

- This form has to be completed and signed by the individual who is the representative of the firm. And it is not allowed to have the third person to complete or sign for.
- This form has to be completed in full and signed. Incomplete form will be voided as invalid and will be given one week to revise and submit back to KICPAA.
- If the member know that he/she cannot submit the form by the deadline, the member has to inform KICPAA by the email beforehand. KICPAA will grant an extension of one-week period.
- All information provided in this form must be true and complying with Code of Ethics for Professional Accountants and Auditors and Regulations of Kingdom of Cambodia

KICPAA Contact:

Please send your completed application with payment to:

KICPAA Secretariat,

Kampuchea Institute of Certified Public Accountants and Auditors (KICPAA)

Address: 8th Floor, Vtrust Tower, Street Czech Republic Blvd (169), Phnom Penh, Kingdom of Cambodia

- **Website:** www.kicpaa.org

- **Telephone:** (+855) 23 23 17 07

- **Mobile Phone:** (+855) 77 24 17 07

- **Telegram:** (+855) 77 24 17 07

- **Email:** membership@kicpaa.org

FIRM MEMBER

A. FIRM DETAILS

English Name			
Membership No		Admission Date	
Forms of Business			
Nature of Firm	<input type="checkbox"/> Audit <input type="checkbox"/> Accountancy <input type="checkbox"/> Tax <input type="checkbox"/> Other related services		
Type of Firm	<input type="checkbox"/> Local <input type="checkbox"/> Foreign		
Tax Identification Number (TIN)			
Main Business			
Owner Name			
Firm Email		Secondary Email	
Firm Landline		Mobile Phone	
Total number of employees and employers in the firm	<input type="checkbox"/> 01 - 10 <input type="checkbox"/> 11 - 30 <input type="checkbox"/> 31 - 60 <input type="checkbox"/> 60 - 100 <input type="checkbox"/> 101 - 200 <input type="checkbox"/> 201 - 300 <input type="checkbox"/> more than 300		
Firm Address			

B. CONTACT PERSON

Please indicate a person in charge of KICPAA related works.

Full Name		Position	
Email		Personal Email	
Primary Mobile		Secondary Mobile	

C. COMPOSITION OF FIRM

A. Representative of the Firm

Full Name		Position	
Nationality		Mobile	
Email			

B. Owner or Shareholders

Please indicate the owner or all the shareholders of the firm in this section.

Full Name		% of Share held	
Nationality		Mobile	
Email			

Full Name		% of Share held	
Nationality		Mobile	
Email			

Full Name		% of Share held	
Nationality		Mobile	
Email			

Full Name		% of Share held	
Nationality		Mobile	
Email			

If your firm has more shareholders, please list in the separate page and attach with this form

D. AUDITOR REPORT AUTHORIZED SIGNATORY

Full Name		Position	
KICPAA Membership No		Date of Admission	
Nationality		Mobile	
Email			

Full Name		Position	
KICPAA Membership No		Date of Admission	
Nationality		Mobile	
Email			

Full Name		Position	
KICPAA Membership No		Date of Admission	
Nationality		Mobile	
Email			

If your firm has more auditor report authorized signatory, please list in the separate page and attach with this form.

E. TYPE OF INDUSTRIES THE AUDIT SERVICE WAS PROVIDED IN THE LAST 12 MONTHS

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Listed Companies | <input type="checkbox"/> Microfinance/Finance Lease | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Banks | <input type="checkbox"/> Manufacturing/Garment | <input type="checkbox"/> Trading |
| <input type="checkbox"/> Financial securities | <input type="checkbox"/> Education | <input type="checkbox"/> Services |
| <input type="checkbox"/> Real estate/Construction | <input type="checkbox"/> NGO/Projects | |

Other (please specify):

F. PROFESSIONAL INDEMNITY INSURANCE

Professional indemnity insurance (not applicable for non-audit partner/director)

Yes, our firm has already acquired the Professional Indemnity insurance.

Insurance Company			
Insurance Number			
Acquiring Date		Expiring Date	

No, our firm has already acquired the Professional Indemnity insurance.

G. LICENSE

I. ACCOUNTING AND AUDITING REGULATOR (ACAR) LICENSE:

Type of service	<input type="checkbox"/> Audit	<input type="checkbox"/> Accountancy	<input type="checkbox"/> Both
Acquiring Date	_____	Expiring Date	_____

No, our firm does not have the ACAR

II. NATIONAL BANK OF CAMBODIA (NBC) LICENSE:

<input type="checkbox"/> Yes , our firm has the NBC License, provided by NBC by:
Acquiring Date _____ Expiring Date _____
<input type="checkbox"/> No , our firm does not have NBC License.

III. SECURITIES AND EXCHANGE REGULATOR OF CAMBODIA (SERC) LICENSE:

<input type="checkbox"/> Yes , our firm has the SERC License, provided by SERC by:
Acquiring Date _____ Expiring Date _____
<input type="checkbox"/> No , our firm does not have SERC License. (Skip to SECTION H)

H. KICPAA INDIVIDUAL MEMEBRS UNDER THE FIRM

Please indicate all KICPAA individual members under your firm:

No	Name	Khmer/Foreigner	Type of Member	Will the firm cover his/her annual membership fee	
1				<input type="checkbox"/> Yes, the firm will pay.	<input type="checkbox"/> No, the firm will not pay.
2				<input type="checkbox"/> Yes, the firm will pay.	<input type="checkbox"/> No, the firm will not pay.
3				<input type="checkbox"/> Yes, the firm will pay.	<input type="checkbox"/> No, the firm will not pay.
4				<input type="checkbox"/> Yes, the firm will pay.	<input type="checkbox"/> No, the firm will not pay.
5				<input type="checkbox"/> Yes, the firm will pay.	<input type="checkbox"/> No, the firm will not pay.
6				<input type="checkbox"/> Yes, the firm will pay.	<input type="checkbox"/> No, the firm will not pay.
7				<input type="checkbox"/> Yes, the firm will pay.	<input type="checkbox"/> No, the firm will not pay.
8				<input type="checkbox"/> Yes, the firm will pay.	<input type="checkbox"/> No, the firm will not pay.
9				<input type="checkbox"/> Yes, the firm will pay.	<input type="checkbox"/> No, the firm will not pay.
10				<input type="checkbox"/> Yes, the firm will pay.	<input type="checkbox"/> No, the firm will not pay.

If your firm has more KICPAA individual members, please list in the separate page and attach with this form.

I. NOT RENEWING MEMBERSHIP WITH KICPAA

(Please skip to SECTION J if you would like to renew your membership for the following year)

The firm does not wish to renew its membership and confirms that the firm will abide by the continuing obligations under the regulations and/or guidelines issued or that may be issued by the Governing Council of KICPAA.

The firm is aware that should it undertake any public practice without having active membership status, the firm may be required to answer a complaint before the Institute's Disciplinary Committee.

Signature of Firm's Representative

Date _____

Name:

J. DECLARE TO RENEW MEMBERSHIP WITH KICPAA

Signing this renewal form, I representative of the firm, hereby confirm that the firm will abide by the continuing obligation under the regulations and/or guidelines that have been issued or will be issued by the Governing Council of the Institute.

In particular, the firm is aware that the Governing Council may refuse to renew my membership if the firm is found not to be complying with Code of Ethics for Professional Accountants and Auditors and Regulations of KICPAA.

On behalf of the firm, I confirm that, to the best of my knowledge, the information given in this form is true, complete and accurate.

Signature of Firm's Representative

Date _____

Name:

FOR KICPAA'S OFFICIAL USE ONLY

Received Date _____

Admission Date _____

Form Approved Yes No

Invoice Issue Yes No

Amount (USD) _____

Officer's Signature

Date _____

Name: