



Annual Membership Renewal Form-Individual

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.

CPD DECLARATION

KICPAA Active, Affiliate and Associate Members are required to declared their CPD activities for the whole year by completing the CPD Declaration form and CPD Record in the CPD Section of this Annual Membership Renewal Form.

For more information about CPD policy, please refer to this link:https://www.kicpaa.org/wp-content/uploads/2018/09/CPD_Policy_2018.pdf

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 a KICPAA member. 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

INDIVIDUAL MEMBER

A. MEMBER'S DETAILS

| | | | | | |
|----------------------|--|--|--|--|--|
| Full Name | | | | | |
| Membership No | | Admission Date | | | |
| Membership Applied | Active Member (Auditor) <input type="checkbox"/> | Active Member (Accountant) <input type="checkbox"/> | Affiliate Member <input type="checkbox"/> | Associate Member <input type="checkbox"/> | Student Member <input type="checkbox"/> |
| Title | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. | Others (Please specify) | | | |
| Primary Email | | | Secondary Email | | |
| Primary Mobile Phone | | | Secondary Mobile Phone | | |
| Residence Address | | | | | |
| Billing Address | | | | | |

B. EMPLOYMENT DETAILS

JOB CATEGORY

Which one of the following best describes your work?

For Practitioner (Active Member)

- General Practicing Services Audits Management Consultancy Insolvency
- Bookkeeping Taxation Advisory Services
- Others: Please specify:

For Non-Practitioner (Affiliate Member & Student Member)

- Internal Audits Bookkeeping Taxation Payroll Finance
- All of them
- Others: Please specify:

C. CURRENT EMPLOYMENT

| | | | |
|------------------------------|------------------------------|------------------------------|--|
| Company | | | |
| Forms of Business | | | |
| Number of Partners/Directors | <input type="checkbox"/> 1-3 | <input type="checkbox"/> 4-6 | <input type="checkbox"/> 7-9 <input type="checkbox"/> 10-15 <input type="checkbox"/> >15 |
| Main Business Activity | | | |
| Position | | | |
| Address | | | |
| Contact Person | | Email | |
| Position | | Tel | |

D. CONFIRM YOUR WORKING STATUS

(This section required only Active Member to confirm)

Are you currently working for other businesses?

- Yes, I am in other business.
- No, I am only working in the company mentioned in **SECTION C**.

E. FOREIGN MEMBER OF KICPAA

Foreign Members of KICPAA are required to maintain their membership as a good standing member of his/her own country professional accounting institute or the international accounting institute.

| | | | |
|------------------------|--|-------------------|--|
| Name of the Institute | | | |
| Membership Number | | Date of Admission | |
| Practising Certificate | | Date of Renewal | |

F. CPD DECLARATION

Continuing Professional Development policy requires KICPAA's Active Members and Affiliate Members to complete annual learning activities with required Input-based CPD and Output-based CPD.

CPD DECLARATION FOR 2023

| | | | |
|-----------------|--|------------------|--|
| From | | To | |
| Input-Based CPD | | Output-Based CPD | |

COMPLIANCE CONFIRMATION

I have complied with CPD requirement through:

| | |
|--------------------------|--|
| <input type="checkbox"/> | Completed Input-based and Output-based CPD. (Please attach with CPD record, and supporting document). |
| <input type="checkbox"/> | Professional Body-signed Mutual Agreement with KICPAA Only |
| <input type="checkbox"/> | Can wave the CPD requirement or get exemption of CPD. <i>(Only for KICPAA Governing Council Members, Honorable Members, and KICPAA Advisor during their Mandate.)</i> |
| <input type="checkbox"/> | I do not meet the CPD requirements. I will remedy my shortfall and then submit an updated CPD declaration to confirm. |

Note: Non-Compliance members will be granted an extension of six-month period to comply for the shortfall. After the extension period and still non-compliance, your membership status will be downgraded or suspended based.

DETAILED CPD ACTIVITY RECORD



Continuing Professional Development-DETAILED CPD ACTIVITY RECORD (One sheet per year)

| | | | |
|------|--|---------------|--|
| From | | To | |
| Name | | Membership No | |

Input-Based CPD

| Date | Description/Title of Completed Activities | Organizer / Provider | Credit Earned |
|--------------|---|----------------------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |
| Total | | | |

Output-Based CPD

| Date | Description/Title of Completed Activities | Organizer / Provider | Credit Earned |
|--------------|---|----------------------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |
| Total | | | |

Signature _____ Name _____ Position _____ Date _____

G. NOT RENEWING MEMBERSHIP WITH KICPAA

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

I do not wish to renew my membership and confirm that I will abide by the continuing obligations under the regulations and/or guidelines issued or that may be issued by the Governing Council of KICPAA.

I am aware that should I undertake any public practice without valid membership, I may be required to answer a complaint before the Institute's disciplinary committee.

Member's signature

Date _____

Name

H. DECLARE TO RENEW MEMBERSHIP WITH KICPAA

I hereby confirm that I will abide by the regulations and/or guidelines that have been issued or will be issued by the Governing Council of the Institute. In particular, I am aware that the Governing Council may refuse to renew my membership if I am found not to be complying with Code of Ethics for Professional Accountants and Auditors and Regulations of KICPAA.

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

Member's signature

Date _____

Name

FOR KICPAA'S OFFICIAL USE ONLY

| | | | |
|----------------|------------------------------|-----------------------------|--|
| Received Date | | Admission Date | |
| Form Approved | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Invoice Issue: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Issued under the firm |

Officer's Signature

Date _____

Name