

Individual Good Standing Request Form

		T			
First N	lame				
Middle	e Name				
Last N	Name				
Membership ID			Admission Date		
Membership Category		☐ Active Member Auditor ☐ Active Member Accountant ☐ Affiliate Member ☐ Associate Member			
Current Employment					
Position					
•	liance Confirmati complied with Cl	on PD requirements through:			
	Newly Admitted	mitted Member CPD requirements commence in the next calendar year.			
	Completed Input-based and Output-based CPD. (Please attach with CPD record, and supporting document).				
	Professional Body-signed Mutual Agreement with KICPAA Only.				
	Can wave the CPD requirement or get an exemption of CPD.				
	I do not meet the CPD requirements. I will remedy my shortfall and then submit an updated CPD declaration to confirm.				
lease	provide a reason	n why you request a good star	iding letter from KICP	AA.	
-	-	etter, members need to comply w r will be taken about 7 working d		•	
Signatu	ro		 Date		

CPAA

01)

FOR KICPAA'S OFFICIAL USE ONLY

Signature	
Name	Received Date

02)