



Pakistan Institute of Public Finance Accountants
APPLICATION FOR ADMISSION AS MEMBER

The Executive Director,
Pakistan Institute of Public Finance Accountants,
Karachi.

PHOTO

I hereby apply for admission as Associate/Fellow member of Pakistan Institute of Public Finance Accountants (PIPFA) and agree to abide by the Regulations of PIPFA in force or which may thereafter be made from time to time.

1. Name _____

2. Father's/Husband's Name _____

3. Date of Birth _____ 4. NIC No. _____

5. Occupation : (Please tick) Self-Employed Business Job Sector Govt. Public / Semi Govt Private Nature Industry Trade Services

6. Address Office Designation _____

Organization _____

_____ City _____

7. Address Residence _____

_____ City _____

8. Mailing Option Office Residence
(Please tick)

9. Communication Links
Telephone Office: _____ Residence _____ Fax # : _____

Mobile No. _____ E-mail : _____

10. Professional Membership
ICAP (Fellow / Associate) No. _____ ICMAP (Fellow / Associate) No. _____

Others (Please specify) _____

11. Particulars of Education : (Starting from Matric / O Level)

| Exam Title | Institution | Passing Year |
|------------|-------------|--------------|
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| | | |
| | | |
| | | |

12. Experience (Starting from the Latest Job) :

| Job Title | Organization | Business Sector | Period | |
|-----------|--------------|-----------------|--------|----|
| | | | From | To |
| | | | | |
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| | | | | |
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12. Particulars of Training Completed

| Nature of Training | Organization | Period | |
|--------------------|--------------|--------|----|
| | | From | To |
| | | | |
| | | | |
| | | | |
| | | | |

13. Name and Address of two persons (preferably members of PIPFA) for recommendation / reference

| Name of Member | Membership No. | Address |
|----------------|----------------|---------|
| | | |
| | | |

I _____ hereby certify that the above statements are correct and do hereby agree that in the event of my admission as a Member of PIPFA, I will be governed by the regulations made thereunder, that I will advance the objects of the PIPFA as far as shall be in my Power. I shall signify in writing to the Secretary that I am desirous of withdrawing from the Institute and I shall (after the payment of any arrears which may be due to me at that date and after the return of my certificate of membership) be free from this obligation.

Demand Draft / Pay Order / Crossed Cheque No. _____ payable at any branch of a bank at Karachi for Rs. _____ drawn at _____ branch is enclosed.

Date _____

Signature of Applicant

Note: If needed, details for items 11 to 13 can be given on separate sheet.

Documents required:

1. Copy of NIC
2. Two photographs (Name written on reverse)
3. Attested copies of all educational and experience certificate.

Fee Structure: For Associate Membership : Rs. 1,700 (including Rs. 900 Annual Subscription)

For Fellow Membership : Rs. 1,800 (including Rs. 1000 Annual Subscription)

PIPFA, M1, M2, Park Avenue, Mezzanine Floor, 24-A, Block 6, PECHS, Shara-e-Faisal, Karachi.

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