



ICPA® Application Form

All fields are mandatory — Updated 2018-01-20

(1) Please fill-in this form and email it to us at [secretary \[at\] iicpa.com](mailto:secretary@iicpa.com) as a scanned attachment along with the (2) admission (or wall certificate) of the professional accounting institute/association(s) on which the applicant relies, and (3) a recent C.V. (optional). PLEASE PRINT IN CAPITAL LETTERS. Thank you.

Full name (first name, middle name, family name) as to be shown on the certificate issued by IICPA:

Date of birth: _____ Citizenship _____

Email addresses: _____

Telephone (country code - and number) _____

Postal address: _____

Academic degree(s):

Title, name of college/university, year

Professional accounting, auditing, management consulting designation(s):

Name(s) of institute(s), country(ies), year(s) – Specify on separate sheet, if needed.

Solemn Affirmation and Consent:

- I attest that the information provided herein is **true and correct**.
- I agree that the information provided by me may be **audited** by the Institute and, if found to be false and misleading, may result in revocation without recourse of my credentials and certificate awarded/issued by the Institute.
- I further agree to abide by the decisions of the Institute at its sole discretion **without recourse** as to the disposition of my application(s).
- **The Code of Professional Conduct:** I further attest that I have read the Institute's Code of Professional Conduct as promulgated by the International Institute of Certified Public Accountants Incorporated in the State of Delaware www.iicpa.com and, if awarded the Institute's credentials, I agree to abide by, and to comply with, the said Code of Professional Conduct *mutatis mutandis*. I agree that the Code of Professional Conduct may be amended by the Institute from time to time.
- I further agree that professional misconduct may result in revocation of my credentials and cancellation of the certificate awarded/issued by the Institute.
- **I consent to the publication**, electronic or otherwise, of a list by the Institute of its credentialed and certified persons and their position, country of work or residence or citizenship, including myself; but without my physical/postal or email addresses unless specifically requested or authorized by me.
- **One-time prepaid fee for the lifetime ICPA®, International Certified Professional Accountant® award(s), certificate(s) and license(s):** I accept that the Institute's **one-time** non-refundable prepaid one-time fee for the life-time award(s), license(s) and certificate(s) amount to CHF 1400, or € 1195 EUR, or \$1450 USD, which will be billed to and paid by me upon approval of this application, and before the issuance and delivery to me of the lifetime designation and certificate. (There shall be no annual or periodic membership fees.)

Place and date: _____

Applicant's signature