



The Institute of Forensic Accountants of Pakistan (IFAP)

FORM "A"

(The Institute of Forensic Accountants of Pakistan (IFAP) has been established in Pakistan, under license from Joint Registrar of Companies, Govt. of Pakistan, Islamabad, under Societies Registration Act, XXI of 1860).

IFAP FA Program Associate Membership Form

The Secretary,
The Institute of Forensic Accountants of Pakistan,
Office # 10, Second Floor, Pervez Heights,
Plot # 2 & 3-B, Upper Soneri Bank Limited,
Main PWD/Double Road, PWD Employees Cooperative
Housing Society, Islamabad-Pakistan
Tel: +92 51 517 0812, Fax: +92 51 234 4058,
E-mail: info@ifap.org.pk, Website: www.ifap.org.pk

(Photograph)
(One Copy)

Dear Sir,

*I wish to offer myself for admission as an Associate Member of the **Institute of Forensic Accountants of Pakistan (IFAP)**. I agree to abide by the provisions of the Memorandum & Articles of Association of the Institute and the Bye-Laws, Rules and Regulations made there under for the time being in force or which may thereafter be made from time to time. I submit below the information required for the purpose.*

Yours faithfully,

(Applicant's Signature)

Applicant's Personal Information:

1. **Name (in full & block letters):** _____
2. **Father's Name:** _____
3. **NIC/Passport No:** _____
4. **Residence Address:** _____

5. **Office Address:** _____

6. Telephone (Residence): _____
(Office): _____
(Cell): _____
Email: _____

7. Date & Place of Birth: _____

8. Nationality: _____

9. **Educational Qualifications (Graduation, Post-Graduation & Professional):**

	<u>Examination Passed</u>	<u>year of passing</u>	<u>Name of Institution/Board</u>
(i)	_____	_____	_____
(ii)	_____	_____	_____
(iii)	_____	_____	_____
(iv)	_____	_____	_____
(v)	_____	_____	_____
(vi)	_____	_____	_____

10. **Present occupation (with official designation):**

11. **Brief description of duties relating to the job upon which the applicant is presently engaged:**

- (i) _____
- (ii) _____
- (iii) _____
- (iv) _____
- (v) _____

12. **Past employment record (name at least three in reverse order):**

	<u>Employer's Name & Address</u>	<u>Designation</u>	<u>Period of Service</u>
(i)	_____	_____	_____
(ii)	_____	_____	_____
(iii)	_____	_____	_____

13. **Membership of other Institutes/Professional Bodies:**

- (i) _____
- (ii) _____

(iii) _____

I, _____ the undersigned certify that the above statements are correct, and do hereby agree that in the event of my admission as an associate member of the Institute, I will be governed by the provisions of the Memorandum & Articles of Association of the institute and Rules and Regulations made there under for the time being in force, or which may thereafter from time to time be made; that I will advance the objects of the Institute as far as shall be in my power and will attend the meetings thereof as often as I conveniently can, provided that, whenever I shall signify in writing to the Secretary that, I am desirous of withdrawing from the Institute, I shall (after the payment of any arrears which may be due by me at that date and after the return of my certificate of membership) be free from this obligation. (Attested copies of certificates & testimonials in respect of above must be attached by the applicant).

Dated: _____

Signature of Applicant

Proposed by: Mr. _____ Signature: _____

Seconded by: Mr. _____ Signature: _____

For Office Use Only
Payments made by Applicant:

Membership Fee (Rs.): _____

Admitted or Rejected: _____

Annual Subscription (Rs.): _____

Council Resolution Number and Date: _____

Cash/Bank Receipt No. & Date: _____

Member intimated on: _____

Serial No. of Register of Members: _____

Certificate of Membership issued: No. _____ Date: _____

Signature of Secretary

Official Stamp of IFAP