



**THE INSTITUTE OF FORENSIC ACCOUNTANTS OF PAKISTAN
(IFAP)**

(Setup under license of the Federal Government of Pakistan granted by issued by Registrar Joint Stock Companies under the Societies Registration Act of XXI of 1860)

IFAP FA PROGRAM EXEMPTION 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

I do hereby apply for exemption from the Institute's Examinations Courses/Papers and if admitted, agree to abide by the rules and regulations of the Institute. I also 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)

1. Name of Applicant: _____
2. Father's Name: _____
3. Registration No: _____
4. NIC/Passport No: _____
5. Residence Address: _____

6. Office Address: _____

7. Telephone (Residence): _____
8. Telephone (Office): _____
9. Cell No: _____
10. Email: _____

11. Exemption claim on the basis of: (please mention the name of professional memberships and names of professional bodies):

- (i) _____
- (ii) _____
- (iii) _____

12. **Exemption claim on the Following Stage/Group (Please write down the names of courses/papers of Stage/Group on which you have got exemption):**

Foundation Stage/Group-I:

FS 1: _____

FS 2: _____

FS 3: _____

FS 4: _____

FS 5: _____

Certificate Stage/Group-II:

CS 6: _____

CS 7: _____

CS 8: _____

CS 9: _____

CS 10: _____

Professional Stage/Group-I:

PS 11: _____

PS 12: _____

PS 13: _____

PS 14: _____

PS 15: _____

Professional Stage/Group-II:

PS 16: _____

PS 17: _____

PS 18: _____

PS 19: _____

PS 20: _____

PS 21: _____

12: **Name of present employer and designation and brief description of duties relating to the job upon which the applicant is engaged:**

(i) _____

(ii) _____

(iii) _____

Dated: _____

Signature of Applicant

For Office Use
Only

Exemption Fee (Rs.): _____

Exemption Admitted/Rejected: _____

Council Resolution Number & Date: _____

Cash/Bank Receipt Number & Date: _____

Certificate of Exemption issued Number & Date: _____

Signature of Secretary

Member's of the Council

Official Stamp of IFAP