

INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS OF KENYA (ICPAK)

P.O. BOX 59963-00200

NAIROBI

FOREIGN ACCOUNTANTS QUALIFICATION (FAQ)

APPLICATION FOR PRE-REGISTRATION FORM

A. Before completing this form please read it carefully in conjunction with the notes at the back of the form.

1. PERSONAL DETAILS

(a) NAME

(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)

(b) ADDRESS

C/O .....

P.O BOX .....

TOWN/CITY .....

COUNTRY .....

TELEPHONE NO.OFFICE .....

RESIDENCE.....

(c) DATE OF BIRTH ..... AGE.....

(d) NATIONALITY( Attach a copy of ID).....

(e) PASSPORT/ID NO.....

2. RECORD OF PROFESSIONAL AND ACADEMIC EXAMINATIONS PASSED

(a) Parent Examination Institute.....

(b) Country/ Town/City where the Institute is situated.....

(c) Give particulars of professional and/or technical qualifications stating where obtained with particulars of Examinations passed and dates.( Attach supporting documents)

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(d) Give particulars of other qualifications stating where and when obtained with particulars of Examinations passed.

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(e) Membership Grade attained( attach a certified copy of the certificate).....

3. EMPLOYMENT BACKGROUND ( Attach a reference letter from the employer(s))

(a) (I) Are you currently employed?  YES  NO

(ii) If yes, please indicate the following

Name of employer -----

Address -----

Date Commenced -----

Present Designation -----

(b) Previous Appointments. ( Attach reference letters from the employer(s) OR a certificate of service OR a letter of appointment)

Name (s) of former Employer(S)	Former Designation(S)	Dates	
		From	To
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
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(c) DECLARATION BY APPLICANT  
 I hereby certify that all statements on this application form and any materials filed in support here of are true, correct and complete and all required information has been disclosed.

NAME OF APPLICANT -----

SIGNATURE OF APPLICANT -----

DATE -----

(d) FOR OFFICIAL USE ONLY

(A) DECLARATION FROM ICPAK TO KASNEB

NAME OF PERSON -----

REFERENCE NUMBER -----

DATE -----

The person named above has been referred to you so that you may examine him/her in the following subjects.

PART	SECTION	SUBJECTS
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-----	-----	-----

CEO:----- DATE:-----

(B) DECLARATION FROM KASNEB TO ICPAK

We acknowledge receipt of FORM FAQ 1 in respect of

----- REFERENCE NUMBER -----

DATED -----

The Applicant

(LAST NAME) (FIRST NAME) MIDDLE NAMES(s)

Has completed Registration Form FAQ 2

He/She has been allocated Registration No. -----

The first Examination for the Applicant will be -----

In the following subjects:

-----  
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CHECKED BY ----- DATE -----

- (e) NOTES:
- (i) This form should be completed in pursuance of Section 26 (1) (b) and 26 (2) and 26 (3) of the Accountants Act,2008
- (ii) The form should be completed by holders of Foreign Accountants qualifications who wish to be registered by the Institute after due process of examination by Examinations Board (KASNEB) at the request of the Institute.
- (iii) This form should be filled in quadruplicate. The 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> copies are to be presented to the Institute. The 4<sup>th</sup> copy should be retained by the applicant. The Institute will retain one copy and submit two copies to the applicant to submit to the Examination board. After processing the forms, KASNEB will retain one form and submit the other one to the Institute as evidence that the applicant is in the process of enrolling for the examinations.
- (iv) The applicants should enclose a cheque/Bankers Cheque of Kshs.30, 000/= in payment of pre-registration fee which is not refundable. *(Cheques should be made payable to the Institute of Certified Public Accountants of Kenya (ICPAK). Payment may also be made to the account; Barclays Bank of Kenya, Moi Avenue branch, A/c 1597134. Where payment has been made through the bank, the applicant is required to present the banking slip with his/her application)*
- (v) *Applicants MUST attach two certified passport size photos of themselves.*

**Applications for registration will be received at the Secretariat offices at CPA Centre, off Thika Road, subject to compliance with all the requirements outlined above**

**FOR OFFICIAL USE ONLY**

File No.----- Date received-----  
Receipt No.----- Date-----  
Date sent to KASNEB----- FAQ No.-----