

# INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS OF UGANDA

## UPDATE FORM FOR MEMBERS' RECORDS

Please provide us with an update of any changes you may have. (Section 1.0 should be filled by all)

### 1.0 PERSONAL DETAILS

1.	Membership Number					
2.	Surname					
3.	Other Name(s)					
4.	Title ( <i>tick</i> )	Mr.	Mrs.	Miss.	Dr.	Other
5.	E-mail(s):					

Do you receive e-mail messages from the Institute? Yes  No

### 2.0 CURRENT EMPLOYMENT DETAILS

Job title	
Physical address	
Postal address	
Town or City	
Country	
Telephone Number(s)	
Fax Number(s)	

### 3.0 NEW PERMANENT (PERSONAL) ADDRESS

Physical address	
Postal address	
Town or City	
Country	
Telephone Number(s)	
Fax Number(s)	

### 4.0 QUALIFICATIONS UPDATE

#### 4.1 Academic

(Please indicate any qualifications you have obtained after you became a member. Attach supporting documents).

No	Qualification	Awarding Institution	Year of Award
1.			
2.			
3.			

#### 4.2 Professional

No	Name of Qualification	Awarding Institution	Year of Award	Membership No. (if any)
1.				
2.				
3.				

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Please return your completed form to:

*The Secretary,  
Institute of Certified Public Accountants of Uganda, 42 Bukoto Street,  
P.O. BOX 12464, KAMPALA (e-mail: [icpau@icpau.co.ug](mailto:icpau@icpau.co.ug), [icpau@utlonline.co.ug](mailto:icpau@utlonline.co.ug),*