HONG KONG INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS <u>APTITUDE TEST – ENTRY FORM</u>

Enrolment deadline: June 2009 session – 27 March 2009 December 2009 session – 23 October 2009

IMPORTANT -

Personal Data (Privacy) Ordinance: All information provided in this form will be used for purposes relating to the administration of examinations under the Professional Accountants Ordinance. In addition, the Institute may use the collected data for statistical research and analysis. The provision of personal data by means of this form is voluntary. However, insufficient information may result in rejection of an enrolment. Data collected is accessible to officers, committees or persons processing the enrolment and examination matters.

Applicants may access their personal data kept by the Institute and if applicable correct or update it. Please contact the Admission Department at 27th Floor, Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong (tel.: 2287 7228) for the purpose.

I.	Exar	mination session:		Tuesday, 2 June 2009	
				Wednesday, 30 December 2009	
II.	Pape	er to enter:		Hong Kong Law	
				Hong Kong Taxation	
III.	Amount paid: (see Notes 22 – 24) HK\$1,000 / HK\$2,000*				
IV.	Nam	e: Miss / Mr. / Mrs. / M	/ls.*		
				(Full name in BLOCK letters)	
V.	Supporting documents: (see Notes 25 & 26)				
		A certified copy each c	of the f	ollowing:	
		Your Hong Kong identi	ty card	d / passport*; and	
		•	ılt tran	issued by your parent institute <u>OR</u> script issued by your parent institute showing that you have completed s <u>OR</u>	
		Your student registrati are a student of the inst		rtificate or testimonial issued by your parent institute showing that you <u>OR</u>	
		The assessment lette Aptitude Test (HKICPA		ed by the Institute indicating that you are required to complete the tered students) <u>OR</u>	
		Your transcript and cer	rtificate	e/graduation letter issued by your university (Prospective QP applicants)	
VI.	Correspondence address: (see Note 27)				
	VII. Email address:				
VIII.	Day-	time contact telepho	ne no	.: Fax no.:	
*	Please delete as appropriate.			Please "√" in the appropriate box.	

Name of Candidate:						
		(Full name in BLOCK letters)				
IX.	Qua	lifying Status: (see Notes 3.1 – 3.6)				
	l am	a member / graduate / student [*] of the following institute:				
		Association of Chartered Certified Accountants (please refer to Note 3.3)				
		Association of International Accountants (please refer to Note 3.5)				
		Canadian Institute of Chartered Accountants				
		Chartered Institute of Management Accountants (please refer to Note 3.4)				
		CPA Australia (please refer to Note 3.1)				
		Institute of Chartered Accountants of Zimbabwe				
	Plea	se answer the following question if you are a member of the above institute:				
	Have	e you completed the professional examination of your parent institute?				
	Tiave	Yes Not required / fully exempt*				
	Othe	er categories:				
		HKICPA registered students (please refer to Note 3.7)				
		Prospective QP applicants (please refer to Note 3.8)				
Х.	Dec	laration:				
	1.	I declare that the above information is true and complete to the best of my knowledge and belief.				
	2.	I waive all claims against the Hong Kong Institute of Certified Public Accountants for any loss or damage I may suffer arising from this examination entry.				
	3.	I understand that acceptance of my entry to this examination does not imply that I am qualified for registration as a HKICPA member. <i>(please refer to Note 4)</i>				
Signature:		Date:(dd/mm/yyyy)				
*	Pleas	e delete as appropriate. \square Please " \checkmark " in the appropriate box.				

The completed Entry Form should be sent with appropriate fee(s) by registered mail to:

The Registrar, Hong Kong Institute of Certified Public Accountants, 27th Floor, Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong.

P.S. Applicants may also submit their completed Entry Form in person to the Institute's office at the above address during office hours.