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HONG KONG INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS **APTITUDE TEST – ENTRY FORM**

Enrolment deadline: 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 Student Education & Training Department at 27th Floor, Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong (tel.: 2287 7228) for the purpose.

I.	Exar	nination session:		Wednesday, 30 December 2009		
II.	Pape	er to enter:		Hong Kong Law		
				Hong Kong Taxation		
III.	Amo	ount paid: (see Notes 2	2 – 24)	HK\$1,000 / HK\$2,000*		
IV.	Nam	e: Miss / Mr. / Mrs. / M	√s.*			
				(Full name in BLOCK letters)		
٧.	Supporting documents: (see Notes 25 & 26)					
		A certified copy each o	of the f	ollowing:		
		Your Hong Kong identi				
	_	roal frong Rong Rona	ity our	a passport , and		
		Your membership certificate issued by your parent institute <u>OR</u> Your examination result transcript issued by your parent institute showing that you have completed its professional examinations <u>OR</u>				
		Your student registrati		rtificate or testimonial issued by your parent institute showing that you OR		
		The assessment lette Aptitude Test (HKICPA		led by the Institute indicating that you are required to complete the tered students) $\overline{\text{OR}}$		
		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-	Day-time contact telephone no.: Fax no.:				
*	Please delete as appropriate. ☐ Please "✓" in the appropriate box.					

Please delete as appropriate.

Name of Candidate:							
		(Full name in BLOCK letters)					
IX.	Qua	lifying Status: (see Notes 3.1 – 3.6)					
	I 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? ☐ 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)					
X.	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. (please refer to Note 4)					
Signature		: Date: (dd/mm/yyyy)					
*	Please	e delete as appropriate. ☐ Please "✓" in the appropriate box.					

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

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