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

## 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.	Exa	mination session:		Monday, 13 June 2011		
				Monday, 12 December 2011		
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.	Name: Miss / Mr. / Mrs. / Ms.*					
				(Full name in BLOCK letters)		
٧.	Supporting documents: (see Notes 25 & 26)					
	_	A certified copy each of		- ·		
		Your Hong Kong ident	ity car	d / passport <sup>*</sup> ; and		
		Your membership cert	ificate	issued by your parent institute OR		
		Your examination results professional examination		script issued by your parent institute showing that you have completed		
	_	·				
		Your student registrat are a student of the ins		rtificate or testimonial issued by your parent institute showing that you OR		
		The assessment letter Aptitude Test (HKICPA		led by the Institute indicating that you are required to complete the stered students) OR		
		•		<del>/</del>		
		Your transcript and applicants)	certif	icate/graduation letter issued by your university (Prospective QP		
VI.	Corr	Correspondence address: (see Note 27)				
	VII. Email address:					
VIII.	Day-time contact telephone no.: Fax no.:					
	Zuy	Joinadt tolopho				

Please delete as appropriate.

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Name of Candidate:						
		(Full name in BLOCK letters)				
IX.	. Qualifying 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?  ☐ 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.	Decl	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)				
Sign	ature:	: 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.

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