



## ANNUAL MEMBERSHIP RENEWAL FORM FIRM MEMBER

The Kampuchea Institute of Certified Public Accountants and Auditors collects the information from its members using the Annual Renewal Form sent to members as part of the annual review package. The Form must be carefully completed, signed, and returned to the KICPAA Secretariat on **31<sup>st</sup> December each year**. Failure to provide this form or the information requested within could result in suspension of registration. It is the responsibility of every MEMBER FIRM to ensure the Institute has its current mailing address on file. MEMBER FIRMS are required to advise the Institute of their change of address within 30 days of the change and email this change to the KICPAA Secretariat.

- The Form must be completed by a firm representative;
- The Form must be completed in full and signed; otherwise it will be returned to you as incomplete;
- It is professional misconduct to make a false or misleading report to the KICPAA Secretariat;
- Incomplete forms cannot be processed and will delay the renewal of your membership;

Once completed sent to:

**KICPAA Secretariat**

8<sup>th</sup> Floor, VTRUST Tower, Street 169, Sangkat Veal Vong, Khan 7 Makara,  
Phnom Penh, Cambodia

Tel: (855) 23 231 707

Email: [membership@kicpaa.org.kh](mailto:membership@kicpaa.org.kh)

Att: **Heng Chantreathyda** (Miss), Membership Assistant

## FIRM DETAILS

Firm's Name: .....

Nature of Firm:  Audit       Accounting       Taxes       Other related Services

Date of Registration: .....

Registration No: .....

Mailing Address: .....

Email: .....

Telephone: .....

Number of Employees including Directors and Partners as at 31 December: .....

Number of staffs who are members of KICPAA: .....

Active (      )       Affiliate (      )       Student (      )

Number of staffs who are non-members of KICPAA: .....

## CONTACT DETAILS

Name of the Contact:.....Position: .....

Email:.....

Telephone:.....

## COMPOSITION OF FIRM

### A. Partners/ Directors

Name: ..... Nationality: .....

Membership No. .... Date of Admission: .....

Email: ..... Tel: .....

(Please list all partners/directors in separate sheet if the firm has more than one partner/director as an attachment).

**B. Shareholders (not applicable to Sole Practitioner)**

Name: \_\_\_\_\_ % of Share held: \_\_\_\_\_ Nationality: \_\_\_\_\_

Email: \_\_\_\_\_ Tel: \_\_\_\_\_

Name: \_\_\_\_\_ % of Share held: \_\_\_\_\_ Nationality: \_\_\_\_\_

Email: \_\_\_\_\_ Tel: \_\_\_\_\_

Name: \_\_\_\_\_ % of Share held: \_\_\_\_\_ Nationality: \_\_\_\_\_

Email: \_\_\_\_\_ Tel: \_\_\_\_\_

(Please list all shareholders in separate sheet if the firm has more than one partner/director as an attachment).

**C. Auditor Report Authorised Signatory**

Name: \_\_\_\_\_ Nationality: \_\_\_\_\_ Position: \_\_\_\_\_

Membership No. \_\_\_\_\_ Date of Admission: \_\_\_\_\_

Email: \_\_\_\_\_ Tel: \_\_\_\_\_

Name: \_\_\_\_\_ Nationality: \_\_\_\_\_ Position: \_\_\_\_\_

Membership No. \_\_\_\_\_ Date of Admission: \_\_\_\_\_

Email: \_\_\_\_\_ Tel: \_\_\_\_\_

(Please list all auditor report authorised signatory in separate sheet if the firm has more than one partner/director as an attachment).

**D. TYPE OF INDUSTRY THE AUDIT SERVICE WAS PROVIDED IN THE LAST 12 MONTHS**

- Listed companies
- Microfinance/finance lease
- Financial securities
- Education
- Trading
- NGO/Projects
- Banks
- Insurance
- Manufacturing/garment
- Real estate/construction
- Services
- Other (pls specify).....

**PROFESSIONAL INDEMNITY INSURANCE**

Professional indemnity insurance (not applicable for non-audit partner/director)

The firm details below the name of the firm's insurer and insurance number:

Insurance Company: .....

Insurance Number: .....

Issue Date: .....

Regarding KICPAA's By- Law, Section 52 of Chapter III – The Profession of Certified Public Accountants (CPAs) states that CPAs registered on the Institute's list shall accept responsibility for their work. They shall comply with the legislative and regulatory provisions in force, notably the code of ethics as well as the by-laws of the Institute.

To guarantee the liability that they may be incurred because of their work and activities, CPAs are required to take out a malpractice insurance coverage.

**NOT RENEWING**

The Firm does not wish to renew its membership and confirms that the Firm will abide by the continuing obligation under the regulations and/or guidelines issued or that may be issued by the Governing Council of the Institute. The Firm is aware that should it undertakes any public practice without having active membership status, the Firm may be required to answer a complaint before the Institute's Disciplinary Committee.

Signature of Firm's Representative: ..... Date: .....

**DECLARATION**

In signing this renewal form I, representative of the firm, confirm that the firm will abide by the regulations and/or guidelines that have been issued or will be issued by the Governing Council of the Institute. In particular, the firm is aware that the Governing Council of the Institute may refuse to renew firm's membership if the firm is found to be not complying with regulations and Code of Ethics for Professional Accountants and Auditors of KICPAA.

On behalf of the firm, I confirm that to the best of my knowledge, the information given in this form is correct.

Signature of Firm's Representative:

Date:

**FOR KICPAA'S OFFICIAL USE ONLY**

Form received by:

Date:

Signature: