



LIBERIAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

4TH Floor, Lara Building, Randall St., Monrovia, Liberia

Email: licpainfo@gmail.com; Phone: 06-6-430-016/06-430-041/06-430-066

INDIVIDUAL REGISTRATION FORM

Thank you for your interest in membership into the Liberian Institute of Certified Public Accountants (LICPA). Please provide all information required on this form as a step in your membership application, e-activation or update.

Please use block letters.

Type of Registration Sought <input type="checkbox"/> Professional <input type="checkbox"/> Technician <input type="checkbox"/> RPA <input type="checkbox"/> Other _____ <div style="text-align: right; font-size: small;">Please specify</div>															
1. Name _____ <div style="display: flex; justify-content: space-around; font-size: x-small;"> First Middle Last </div>			2. Membership # (Old members, only) _____												
3. Date of Birth <table style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: xx-small;">m</td> <td style="text-align: center; font-size: xx-small;">m</td> <td style="text-align: center; font-size: xx-small;">d</td> <td style="text-align: center; font-size: xx-small;">d</td> <td style="text-align: center; font-size: xx-small;">y</td> <td style="text-align: center; font-size: xx-small;">y</td> </tr> </table>							m	m	d	d	y	y	4. Nationality _____ <div style="text-align: center; font-size: x-small;">country</div>	5. Country of Residence _____ <div style="text-align: center; font-size: x-small;">country</div>	5a. Years of Residence _____
m	m	d	d	y	y										
6. Place of Work _____ <div style="text-align: center; font-size: x-small;">Name of Entity/Employer</div>		7. Gender (Mark an "X" in the appropriate box.) Female: <input type="checkbox"/> Male: <input type="checkbox"/>													
8. Physical Address (Home) (Please give best description) _____ _____ _____		9. Contact Information (Home/Personal) Phone1: _____ Phone2: _____ Phone3: _____ Phone4: _____ Email1: _____ Email2: _____													
10. Nature of Business (Please indicate the nature of business of your place of work) _____ _____		11. Position (Please indicate your position at your place of work) _____ <div style="text-align: center; font-size: x-small;">Position</div>													
12. Physical Address (Work) (Please give best description) _____ _____ _____		13. Contact Information (Work) Phone1: _____ Phone2: _____ Phone3: _____ Phone4: _____ Email1: _____ Email2: _____													

Please continue overleaf

14. Have you been a member of LICPA before? Yes No
 If yes, please answer Questions 14a and 14b; otherwise, skip them.

14a. Year of First Enrollment in LICPA <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Y Y Y Y </div>	14b. Previous Role(s) in LICPA <hr/> <div style="text-align: right; margin-right: 50px;">role 1</div> <hr/> <div style="text-align: right; margin-right: 50px;">role 2</div>
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15. Highest Education Level (Check one)
 doctorate masters bachelors associate high school

15a. Institution/University <hr/> <div style="text-align: center;">name of institution/university</div> <hr/> <div style="text-align: center;">address</div> Year of Graduation <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Y Y Y Y </div> <hr/> <div style="text-align: center;">area of specialization</div>	15b. Institution/University (if more than one specialization) <hr/> <div style="text-align: center;">name of institution/university</div> <hr/> <div style="text-align: center;">address</div> Year of Graduation <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Y Y Y Y </div> <hr/> <div style="text-align: center;">area of specialization</div>
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16. Professional Qualification(s)

Name of Qualification	Institution	Year Earned	Qualification Number

17. Certification

I certify that the information provided in this form is true and accurate to the best of my knowledge and ability. I realize that any misrepresentation observed could lead to forfeiture of my membership in the LICPA and a possible fine or legal action.

signature

D D M M Y Y

THIS AREA IS FOR OFFICE USE, ONLY. PLEASE DO NOT WRITE IN THIS SECTION

Checklist <input type="checkbox"/> Form Completed <input type="checkbox"/> Business Registration <input type="checkbox"/> Tax Clearance <input type="checkbox"/> Previous LICPA # <input type="checkbox"/> Education Diploma(s) <input type="checkbox"/> Professional Qualification(s)	Deposit Reference <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border: 1px solid black; width: 60%; height: 25px;"></div> <div style="border: 1px solid black; width: 30%; height: 25px;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="text-align: center;">Name of Bank</div> <div style="text-align: center;">Deposit Slip Number</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border: 1px solid black; width: 30%; height: 25px;"></div> <div style="border: 1px solid black; width: 60%; height: 25px;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="text-align: center;">LICPA Receipt Number</div> <div style="text-align: center;">Assigned Membership Number</div> </div>
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Processed by: <hr/> <div style="text-align: center;">Name</div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; border-bottom: 1px solid black;"></div> <div style="width: 45%; border-bottom: 1px solid black;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Signature Date </div>	Approved by: <hr/> <div style="text-align: center;">Name</div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; border-bottom: 1px solid black;"></div> <div style="width: 45%; border-bottom: 1px solid black;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Signature Date </div>
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