



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

FIRM MEMBERSHIP FORM

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

Please use block letters.

1. Name of Firm <hr style="border: none; border-top: 1px solid black; margin: 5px 0;"/> <p style="text-align: center; font-size: small;">Full Legal Name of Firm</p>	2. Firm Type <input type="checkbox"/> Professional <input type="checkbox"/> RPA	3. Membership Number <small>(Previous members, only)</small>
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4. Establishment in Liberia																																								
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m	m	d	d	y	y																																			

5. Names of Partners (Please list Managing Partner first)			
	Full Name	Email Address	Phone Number
a)			
b)			
c)			
d)			
e)			
f)			

6. Names of Shareholders (Please indicate the Professional status of each shareholder – CPA, CA, etc.)				
<small>(For network firms, provide shareholding for Liberian operation only.)</small>				
	Full Name	Nationality	Professional Status	% of Shares
a)				
b)				
c)				
d)				
e)				

7. Firm Contact Details

Physical Address	Mailing Address	Phone Numbers & Email Address

8. Network Membership

8a. Is firm part of an international network?	8b. Name & address of international network	8c. Yr. joined
<input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Staff Inventory

Category	No. of Staff
a) Professional Accountants (CPA, CA, etc.)	
b) Certified Accounting Technicians	
c) Accountants (bachelors or higher)	
d) Administrative Staff (office managers, etc.)	
e) Clerical Staff (secretaries, etc.)	
f) Office Support Staff (janitors, drivers, etc.)	
g) Trainees (students in training, etc.)	
h)	
i)	
Total	

10. 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 of Managing Partner

D	D	M	M	Y	Y	

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

<p>Checklist</p> <ul style="list-style-type: none"> <input type="checkbox"/> Completed Form <input type="checkbox"/> Business Registration <input type="checkbox"/> Current Tax Clearance <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Proof of Network Membership 	<p>Deposit Reference</p> <table style="width:100%;"> <tr> <td style="width:50%; height: 30px;"></td> <td style="width:50%; height: 30px;"></td> </tr> <tr> <td style="text-align: center;">Name of Bank</td> <td style="text-align: center;">Deposit Slip Number</td> </tr> <tr> <td style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </td> <td style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 100px; height: 30px;"></td> </tr> </table> </td> </tr> <tr> <td style="text-align: center;">LICPA Receipt Number</td> <td style="text-align: center;">Assigned Membership Number</td> </tr> </table>			Name of Bank	Deposit Slip Number	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 100px; height: 30px;"></td> </tr> </table>		LICPA Receipt Number	Assigned Membership Number
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Processed by: _____
Name

Signature

Date

Approved by: _____
Name

Signature

Date