

Application for the initial membership of Chartered Public Finance Accountant (CPFA) qualification

PERSONAL DETAILS

1. NAME WITH INITIALS :Mr. /Ms.:.....

FULL NAME:.....

.....
(In block letters)

2. I Permanent Address:

.....

ii Contact Details ; Mobile	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																					Home	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																				
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iii E-mail Address:.....

3. National Identity Card No Date of Issue:

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4. Date of Birth

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5. Gender: Male Female

6. Nationality: Sri Lankan Other If other, please specify

7. Civil Status: Single Married

EMPLOYEMENT DETAILS

8. 8.1. Present Employment: Government Dept. Ministry Foreign Aid Project
 District Secretariat Provincial Council Municipal Council
 Statutory Board Urban Council Other Statutory Institution

8.2. Place of Work:

8.2. Address :

8.3 Designation: 8.4. Date of Appointment

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APFASL MEMBERSHIP

9. 9.1 APFA /FPFA –Membership No

9.2. Date of Membership

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DETAILS OF WORK EXPERIANCE

Please fill form - I

ACADEMIC & PROFESSIONAL QUALIFICATIONS

Please fill form - II

DECLARATION

I hereby declare that the information furnished by me in this application is true and correct to the best of my knowledge.

.....
Applicant's Signature

.....
Date

Recommendation of Head of the Department:

I confirm that the information provided by Mr. /Ms.....
.....above is true and I recommend him/her for
above qualification.

.....
Signature
Head of the Department
(Official Stamp) & Date