

**Application to become an Associate/ Fellow Member**

1. Full Name  
(Mr./Mrs./Miss)

2. National Identity Card No.

3. Eligibility Criteria for membership of APFASL

|       |                                                                                 |   |   |   |   |   |   |   |   |
|-------|---------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|
| (I)   | A member of Sri Lanka Accountants' Service from                                 | D | D | M | M | Y | Y | Y | Y |
| (II)  | A member of Sri Lanka Audit Service from                                        | D | D | M | M | Y | Y | Y | Y |
| (III) | A member of Sri Lanka Inland Revenue Service (Class II Grade II and above) from | D | D | M | M | Y | Y | Y | Y |
| (IV)  | Accountant/ Internal Auditor of Public Enterprises from                         | D | D | M | M | Y | Y | Y | Y |

4. Present Position/ Designation

| Name of the Institution | Present Position/ Designation | Date of Appointment |
|-------------------------|-------------------------------|---------------------|
|                         |                               | D D M M Y Y Y Y     |

5. Official Address

6. Residential Address

7. Contact details.

|        | Telephone Nos. | Email Addresses |
|--------|----------------|-----------------|
| Office |                |                 |
| Mobile |                |                 |
| Res.   |                |                 |

8. Payment details of membership fee

|  | Mode of payment | Date of payment | Receipt No | Amount |
|--|-----------------|-----------------|------------|--------|
|  |                 |                 |            |        |

9. Educational qualifications to be given in Form 1 attached. (Attach certified copies of originals certificates)

10. Details of work experience to be given in Form 2 attached.

Declaration :

- I do hereby declare solemnly and sincerely that I entered the service specified in para (3) on ..... (DD/MM/YYYY).
- I confirm that the information in this application is true and correct to the best of my knowledge.

Date : .....

.....  
Applicant's signature

**Proposer:**

I Mr./Mrs./Miss..... (Name and Designation) of ..... (Ministry/ Department/ other Public Sector Agency) propose and recommend the applicant, who is an Accountant/Auditor/ Assessor belongs to Sri Lanka Accountants/Audit Services, Sri Lanka Inland Revenue Service, Public Enterprise. He/ She is fit and proper person for admission to the membership of Association of Public Finance Accountants of Sri Lanka.

Date:

Signature:  
(Official Stamp)

**Seconder:**

I Mr./Mrs./Miss..... (Name and Designation) of ..... (Ministry/ Department/ other Public Sector Agency) second the above proposal.

Date:

Signature.  
(Official Stamp)

**Instructions to Applicants:**

1. All Cages should be filled in without exception in block Letters.
2. Filling the attached Form Nos. 1 & 2 is mandatory.
3. State Postal Address and the Province (eg: WP, CP) in the cage 5.
4. If you are a retired officer please state in cage 4 & 5 as 'RETIRED'.
5. membership fee (Rs. 1000 for associate membership and Rs. 1200 for fellow membership) should be paid by Account payee cheque / Draft payable to Associate of Public Finance Accountants of Sri Lanka

**For office use only**

| Documents (certified copies of the originals attached) | Date | i. Designation<br>ii. BA/BSc/ MSc/<br>MBA,<br>iii. ACA/ CIMA/<br>ACCA,<br>iv. Others<br>(Specify) | i. Name of the Service<br>ii. Name of the University<br>iii Name of the<br>Professional body<br>iv Name of other<br>Institutions | Checked<br>by |
|--------------------------------------------------------|------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------|
| i. Letter of Appointment                               |      |                                                                                                   |                                                                                                                                  |               |
| ii. Academic Qualification                             |      |                                                                                                   |                                                                                                                                  |               |
| iii. Professional Qualification                        |      |                                                                                                   |                                                                                                                                  |               |
| iv. Others (Specify)                                   |      |                                                                                                   |                                                                                                                                  |               |

Rechecked by:.....

Recommended / Not recommended/ Held for further clarification

Date:

Chairman - Membership Committee:

**ASSOCIATION OF PUBLIC FINANCE ACCOUNTANTS OF SRI LANKA (APFASL)**  
 Tel: 0112683300 Email: apfasl@casrilanka.com

FORM 1

**Academic and Professional Qualifications**

Name of applicant :  
 Select Academic Qualifications : BBA/ BA/ BSc/ BCom/ PGD/DPFM/MA/MSc/MBA/MPA/MPM/MCom  
 Professional Qualifications : ACA/ ACMA/ ACCA/ APFA/ FCA/ FCMA/ FCCA/ FPFA  
 Others (Specify) :

| 1. Name of the University/ Institute<br>2. Qualification | Specialty/ Subjects | Date of Securing Qualification* |
|----------------------------------------------------------|---------------------|---------------------------------|
| 1.                                                       |                     |                                 |
| 2.                                                       |                     |                                 |
| 1.                                                       |                     |                                 |
| 2.                                                       |                     |                                 |
| 1.                                                       |                     |                                 |
| 2.                                                       |                     |                                 |

(\* Attach certified copies of originals)

ASSOCIATION OF PUBLIC FINANCE ACCOUNTANTS OF SRI LANKA (APFASL)  
 Tel: 0112683300 Email: apfasl@casrilanka.com

Service Record for the last ten years  
 (Retired Officers should also provide their service record)

Name : \_\_\_\_\_  
 Current Designation / Service : \_\_\_\_\_

| Organization | Title/ Position | Grade | From<br>DD/MM/YY | Till<br>DD/MM/YY |
|--------------|-----------------|-------|------------------|------------------|
|              |                 |       |                  |                  |
|              |                 |       |                  |                  |