

Date:



Applicant's signature

Application to become an Associate/ Fellow Member

Full Name (Mr./Mrs./Miss)				
National Identity Card No.				
(I) A member of Sri Lanka A	ccountants' Service from	D D M M	IXXX
Eligibility Criteria for	I) A member of Sri Lanka A	udit Service from	D D M N	TYXX
membership of APFASL (II	I) A member of Sri Lanka Ir (Class II Grade II and ab		D D M N	TYYY
(I)			25	IYYX
Present Position/	Name of the Institution	Present Position/ Designation	Date of A	Appointment
Designation		Designation	DDDMS	VVX
Official Address				
Residential Address				
Contact details. Tele	phone Nos.	Ета	uil Addresses	
Office				
Mobile				
Res.				
Payment details of membership fee	Mode of payment	Date of payment	Receipt No	Amount
Educational qualifications	o be given in Form 1 attac	ched. (Attach certified	d copies of origin	als certifica
Details of work experience				
Declaration:				
I do hereby declare soler	nnly and sincerely that I e	ntered the service spec	ified in para (3) o	n
(I	DD/MM/YYYY).			

Proposer:	
I Mr./Mrs./Miss and Designation) of other Public Sector Agency) propose and recommend Assessor belongs to Sri Lanka Accountants/Audit Ser Public Enterprise. He/ She is fit and proper person for of Public Finance Accountants of Sri Lanka.	the applicant, who is an Accountant/Auditor/vices, Sri Lanka Inland Revenue Service,
Date:	Signature: (Official Stamp)
Seconder:	
I Mr./Mrs./Miss. Designation) of	
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 ii. BA/BSc/ MSc/ MBA, iii. ACA/ CIMA/ ACCA, iv. Others (Specify)	i. ii. iii iv	Name of the Service Name of the University Name of the Professional body Name of other Institutions	Checked by
i. Letter of Appointment					,
ii. Academic Qualification					
iii. Professional Qualification					
iv. Others (Specify)					

Rechec	red	hv.					

Recommended / Not recommended/ Held for further clarification

Date: Chairman - Membership Committee:

ASSOCIATION OF PUBLIC FINANCE ACCOUNTANTS OF SRI LANKA (APFASL)

Tel: 0112055857 Email: apfasl@casrilanka.com

Academic and Professional Qualifications

Name of applicant : BBA/ BA Select Academic Qualifications : BBA/ BA Professional Qualifications : ACA/ AC

: BBA/ BA/ BSc/ BCom/ PGD/DPFM/MA/MSc/MBA/MPA/MPM/MCom

: ACA/ ACMA/ ACCA/ APFA/ FCA/ FCMA/ FCCA/ FPFA Others (Specify)

 Name of the University/ Institute Qualification 	Specialty/ Subjects	Date of Securing Qualification*	
1.			
2.			
1.			*
2.			
1.			
2.			
1.			
2.			

(* Attach certified copies of originals)

ASSOCIATION OF PUBLIC FINANCE ACCOUNTANTS OF SRI LANKA (APFASL)

Tel: 0112055857 Email: apfasl@casrilanka.com

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

Name :

DD/MM/YY Ē DD/MM/YY From Grade Title/ Position (*Attach certified copies of originals) Current Designation / Service Organization