



**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 ii. BA/BSc/ MSc/ MBA, iii. ACA/ CIMA/ ACCA, iv. Others (Specify)	i. Name of the Service ii. Name of the University iii Name of the Professional body iv Name of other Institutions	Checked 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:  
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## ASSOCIATION OF PUBLIC FINANCE ACCOUNTANTS OF SRI LANKA (APFASL)

Tel: 0112055857 Email: apfasl@casrilanka.com

## 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 2. Qualification	Specialty/ Subjects	Date of Securing Qualification*
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 :

Current Designation / Service :

Organization	Title/ Position	Grade	From DD/MM/YY	Till DD/MM/YY

(\*Attach certified copies of originals)