

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

4. Present Position/ Designation

<i>Name of the Institution</i>	<i>Present Position/ Designation</i>	<i>Date of Appointment</i>
		D D M M Y Y Y Y

5. Official Address

6. Residential Address

7. Contact details.

	<i>Telephone Nos.</i>	<i>Email Addresses</i>
<i>Office</i>		
<i>Mobile</i>		
<i>Res.</i>		

8. Payment details of membership fee

<i>Mode of payment</i>	<i>Date of payment</i>	<i>Receipt No</i>	<i>Amount</i>

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

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)

Secunder:

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

Date:

Signature.
(Official Stamp)

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)				

Recommended / Not recommended/ Held for further clarification

Date:

Chairman-Membership Committee:

Tel: 0112683300 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.		
1. 2.		
1. 2.		

(* Attach certified copies of originals)

ASSOCIATION OF PUBLIC FINANCE ACCOUNTANTS OF SRI LANKA (APFASL) FORM 2

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 DD/MM/YY	Till DD/MM/YY

Rechecked by:.....