

S01-V1-Sep2018

APPLICATION NO. AX042965



AX042965

ICPAU ID	
REG NO.	
REG DATE:	



CPA APPLICATION FORM

NAME: Ms Maureen Okusia

GUIDELINES

Section 1.0: Requirements.

1. Present the following documents to ICPAU for verification:
 - o Your **original ID(National ID or Passport details page)** and photocopies. Work or residence permit is compulsory for non-East African applicants.
 - o Your **original and photocopies** of academic transcripts.
2. The names entered in this application must agree with names on all supporting documents. Any change must be supported by a legal document (e.g Marriage certificate, affidavit with deed poll)
3. The declaration by the referee must be made by one of the following: your employer, a training institution, a member of a reputable profession, or a person in position of responsibility. The referee must NOT be a close relative
4. **The Institute reserves the right not to register and/or de-register any individual who in its opinion is not a fit and proper person for the accountancy profession in Uganda.**

Section 1.1: Process of Application.

1. Complete the online application form.
2. Download the pdf application form at the end of the application.
3. The form has a **Application No.** Use the **Application No** to make payment in the bank or through mobile money.
4. Attach 2 coloured passport size photos with a white background.
5. Attach photocopies of your academic documents and Identity card.
6. Present **original and photocopies** of your academic/professional documents to ICPAU for verification and confirmation of your application.

Fees Structure

Sn	Group	Registration fees (UGX)
1	CPA	150,000
2	ATD	130,000
3	CTA	180,000
4	MEMBER	1,050,000

Payment Procedure

Airtel Money.	MTN Mobile Money.
1. *185# 2. School fees 3. School pay 4. Pay fees 5. AX042965 6. [Amount] 7. [PIN]	1. *165# 2. Payments 3. School fees 4. School pay 5. Pay fees 6. AX042965 7. [Amount] 8. [PIN]

CENTENARY BANK / STANBIC BANK.

1. Inform the bank teller you are making an ICPAU payment.
2. Present your application number(**AX042965**) and application fees(ensure to top up bank charges) at any Stanbic or Centenary bank branch.
3. Bank teller will confirm your details.
4. A receipt of the amount paid will be presented to you.

1.0 GENERAL INFORMATION

1.1 APPLICATION NO.:	AX042965
1.2 NAME:	Ms Maureen Okusia
1.3 GENDER:	F
1.4 DATE OF BIRTH:	1983-04-09
1.5 DISTRICT OF ORIGIN:	Jinja
1.6 COUNTRY:	UGANDA
1.7(a) NATIONAL ID NO (NIN):	CF83002100YW0L
1.7(b) NATIONAL ID EXPIRY DATE:	2025-01-21
1.8(a) PASSPORT NO:	2025-01-21
1.8(b) PASSPORT EXPIRY DATE:	
1.9(a) OTHER ID NUMBER:	
1.9(b) EXPIRY DATE(OTHER ID):	

OTHER ID INCLUDES :WORK/REFUGE/STUDENT/DEPENDANT PERMIT/CARD/PASS

2.0 CONTACT INFORMATION

2.1 PHYSICAL ADDRESS:	Kasangati Gayaza
2.2 BOX No.:	3129
2.3 CITY:	Gayaza
2.4 COUNTRY:	UGANDA
2.4 EMAIL:	md.okusia@gmail.com
2.5 TELEPHONE:	+256782314592

3.0 NEXT OF KIN

	Next of Kin 1	Next of Kin 2
Name	Aleru Ann Viola	Elsie Kharunda
Address	Munyonyo	Ntinda
Telephone	0759270951	0782698255
Email	annydiya@gmail.com	ekharunda@bou.or.ug
Relationship	Sister	Friend

4.0 QUALIFICATIONS

School/ College/University Attended	Examining Body	Qualification	Award date	Grade / Class Obtained	Certificate awarded	Certificate number
---	-------------------	---------------	---------------	------------------------------	------------------------	-----------------------

5.0 EXEMPTIONS

For Official Use (Do Not Tick or Sign)					
Sn	Subject	Paper Code	Cost(UGX)	Eligibility	Signature
	Total		0		

6.0 COURSE

CPA

7.0 HOW DID YOU GET TO KNOW ABOUT THE COURSE?

1. friend_relative

8.0 EMPLOYMENT/INTERNSHIP HISTORY

Organisation	Industry	Country	City	Employed from	Employed to	Position	Description
--------------	----------	---------	------	------------------	----------------	----------	-------------

9.0 BANK DETAILS

(For refund if application is NOT successful)

9.1 BANK:	Centenary Bank
9.2 BRANCH:	Mapeera
9.3 ACCOUNT NUMBER:	3100021262
9.4 ACCOUNT NAME:	Maureen Okusia

10.0 DECLARATION BY APPLICANT

I hereby declare that the documents submitted to the Institute of Certified Public Accountants of Uganda (ICPAU) for registration as a student of ICPAU are genuine and free of misrepresentation.

I understand that the Institute reserves the right to de-register me if at any time discovers that any of my documents was not genuine or I was involved in a misrepresentation or a forgery.

If registered, and as long as I remain a student of ICPAU, I undertake to observe and abide by the Students Rules and Regulations, Code of Ethics, Examinations Regulations and Directives to candidates which are in force from time to time.

SIGNATURE:

Date: 09 - 09 - 2024

11.0 DECLARATION BY REFEREE (See Note 9.0)

I certify that the above named has been has been known to me or employed by me/us since (insert date) and that he or she is a fit and proper person to register as a student of ICPAU, and that to the best of my/our knowledge the above information is correct.

Name:
Designation/Job title:
Organization:
Address:
District:
Tel. No:
E-mail:
Signature:

Official stamp (if any)

FOR OFFICIAL USE ONLY

1. Registration:

(a) Application: Accepted Rejected

Reason for rejection:

(b) Registration No.

(c) Date of Registration: (DD MM YYYY)

Name of Registration Official:

Signature

2.Approval:

Remarks

Name:

Signature

Date:

3.Payment:

Receipt No Amount: (UShs).....

Date:.....

Received by:.....

Signature:

4.Notification Sent by:

Name:

Signature:

Date: