

MSR01-v1-Sep2018

APPLICATION NO.
AX043331



AX043331

ICPAU ID	
MEMBERSHIP NO.	
ENROLLMENT DATE:	



FULL MEMBERSHIP APPLICATION FORM

NAME: Mr. Ibrahim Maalim Abdikarim

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 front and back pages.
 - o Your **original and photocopies** of academic transcripts and certificates(Photocopies should have front and back pages as the original).
 - o CPA(U) final certificate or Membership Certificate of a Recongnised Accountancy Body.(**original and photocopy**)
 - o A letter of good standing is required for applicants with EACIA membership.
 - o Recommendation letter from current or former employer.
 - o Recomendation letter from a member of ICPAU who knows you personally.
 - o Updated curriculum vitae.
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 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 membership of ICPAU.**

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. Present the application form, **original and photocopies (photocopies should have front and back pages as the original)** of your academic/professional documents to ICPAU for verification and confirmation. This should be done within **10 working days** from the date of application.

Fees Structure

Sn	Group	Registration fees (UGX)
1	Membership	1,050,000 /=

Payment Procedure

Airtel Money.	MTN Mobile Money.
1. *185# 2. School fees 3. School pay 4. Pay fees 5. AX043331 6. [Amount] 7. [PIN]	1. *165# 2. Payments 3. School fees 4. School pay 5. Pay fees 6. AX043331 7. [Amount] 8. [PIN]

CENTENARY BANK / STANBIC BANK.

1. Inform the bank teller you are making an ICPAU payment.
2. Present your application number(**AX043331**) 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.:	AX043331
1.2 NAME:	Mr. Ibrahim Maalim Abdikarim
1.3 GENDER:	M
1.4 DATE OF BIRTH:	1986-01-01
1.5 DISTRICT OF ORIGIN:	Mandera
1.6 COUNTRY:	KENYA
1.7(a) NATIONAL ID NO (NIN):	
1.7(b) NATIONAL ID EXPIRY DATE:	
1.8(a) PASSPORT NO:	
1.8(b) PASSPORT EXPIRY DATE:	2027-08-13
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:	Eastleigh
2.2 BOX No.:	22417-00400
2.3 CITY:	Nairobi
2.4 COUNTRY:	KENYA
2.4 EMAIL:	ibrahim@ttc-ea.com
2.5 TELEPHONE:	+254722373699

3.0 NEXT OF KIN

	Next of Kin 1	Next of Kin 2
Name	MAALIM ABDIKARIM	yusuf maalim abdikarim
Address	Eastleigh	Eastleigh
Telephone	+254722659806	+254790516152
Email	maalim286@gmail.com	yusufmaalim34@gmail.com
Relationship	father	brother

4.0 RECOMMENDER

SN	Name	Details
1	Innocent Muhangazi	Member No or ICPAU ID: FM2865
2	Francis Mungai	Position - Organisation: Partner

5.0 QUALIFICATIONS

	School/ College/University Attended	Examining Body	Qualification	Award date	Grade / Class Obtained	Certificate awarded	Certificate number
3	Mandera Secondary School	KNEC	KCSE	2004-12	B-	A-Level	60091/12/2004

6.0 EMPLOYMENT/INTERNSHIP HISTORY

	Organisation	Industry	Country	City	Employed from	Employed to	Position	Description
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7.0 BANK DETAILS

(For refund if application is NOT successful)

9.1 BANK:	GULF AFRICAN BANK
BRANCH:	KENYATTA AVENUE
ACCOUNT NUMBER:	1670457501
ACCOUNT NAME:	IBRAHIM ABDIKARIM & ASSOCIATES

8.0 DECLARATION BY APPLICANT

I hereby declare that the information given in this application form and in all the documents attached in support hereof is true and correct. If registered, and as long as I remain a member of ICPAU, I undertake to observe and abide by the members Code of Ethics and Accountants act, 2013 and Directives to members which are in force from time to time.

SIGNATURE:

Date: 15 - 11 - 2024

FOR OFFICIAL USE ONLY

1. Supporting Documents:

Received
by

Signature

Date:

2. Payment:

Receipt No

Amount. (UShs)

Date:

Received by:

Signature:

3. Notification Sent by:

Name:

Signature:

Date: