

CA

THE INSTITUTE OF  
CHARTERED ACCOUNTANTS OF SRI LANKA

## Application to become an Associate/ Fellow Member of

APFA

ASSOCIATION OF  
PUBLIC FINANCE ACCOUNTANTS OF SRI LANKA1. Full Name  
(Mr./Mrs./Miss)


2. National Identity Card No.

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3. Eligibility Criteria for  
membership of APFASL

A member of Sri Lanka Accountants' Service from		D	D	M	M	Y	Y	Y	Y
A member of Sri Lanka Audit Service from		D	D	M	M	Y	Y	Y	Y
A member of Sri Lanka Inland Revenue Service (Class II Grade II and above) from		D	D	M	M	Y	Y	Y	Y
Accountant/ Internal Auditor of Public Enterprises from		D	D	M	M	Y	Y	Y	Y
Name of the Institution	Present Position/ Designation	D	D	M	M	Y	Y	Y	Y
		D	D	M	M	Y	Y	Y	Y

4. Present Position/  
Designation

5. Official Address


6. Residential Address


7. Contact  
details.  
Office  
Mobile  
Res.

Telephone Nos.									

Email Addresses																			

8. Payment  
details of membership fee

Mode of payment	Date of payment	Receipt No	Amount

9. Educational qualifications to be given in Form 1 attached.

10. Details of work experience to be given in Form 2 attached.

**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 Association of Public Finance Accountants of Sri Lanka.

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:

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**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)

**Seconded:**

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

Date:

Signature.  
(Official Stamp)

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**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: