

THE INSTITUTE OF CHARTERED ACCOUNTANTS OF SRI LANKA
APPLICATION FOR STRATEGIC LEVEL EXAMINATION

STRATEGIC LEVEL..... EXAMINATION DECEMBER 2013

For Office Use Only	R	CC	HOE	TR	SP
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<i>For Office Use</i>
<i>Index No.</i>

Exam Fees Payment Details				
Date	Bank/Branch	Income Code	Amount	Amount Carried forward
			Rs.	Rs.

1. NAME WITH INITIALS : Mr./Ms. :

FULL NAME:
 (In block letters)

- 2. i PERMANENT ADDRESS :**
ii POSTAL ADDRESS :
iii CONTACT TELEPHONE NUMBER :
iv E-MAIL ADDRESS :

3. NATIONAL IDENTITY CARD: i. No. : ii. Date of Issue :

4. CA Sri Lanka IDNO :

Note : Candidates should have renewed their student registration for the current year

5. ELIGIBILITY : Please state your eligibility to sit the examination now applied for : (Please tick relevant cage)

- | | |
|--|--------------------------|
| 5.1 Pass Unit I/ Professional I/ Professional II/ Intermediate/ CAB II/ Final I/ Strategic Level I Examination of the CASL held in | <input type="checkbox"/> |
| 5.2 Obtained exemptions on account of qualification | <input type="checkbox"/> |
| 5.3 Passed.....subjects of the Strategic Level I/ II Examination | <input type="checkbox"/> |
| 5.4 Obtained permanent credits for subject/s at the Final I/II examination held in | <input type="checkbox"/> |
| 5.5 Was referred in at the Final I/II Examination held in | <input type="checkbox"/> |

6. SUBJECTS NOW APPLIED FOR: (Please Tick)

Strategic Level I Examination

- | | |
|--|--------------------------|
| Financial Reporting Framework | <input type="checkbox"/> |
| Strategic Management Accounting | <input type="checkbox"/> |
| Strategic Management Process | <input type="checkbox"/> |
| Advanced Taxation & Strategic Tax Planning | <input type="checkbox"/> |
| Commercial Law & Corporate Law | <input type="checkbox"/> |

Strategic Level II Examination

- | | |
|--|--------------------------|
| Advanced Financial Reporting | <input type="checkbox"/> |
| Strategic Financial Management | <input type="checkbox"/> |
| Business Strategy & Knowledge Management | <input type="checkbox"/> |
| Advanced Audit and Assurance | <input type="checkbox"/> |

7. OTHER MANDATORY REQUIREMENTS

- | | |
|---|---|
| 7.1 Purchased the relevant study packs <input type="checkbox"/> | 7.2 Completed the e-correspondence <input type="checkbox"/> |
| 7.3 Compulsory IT Training Course <input type="checkbox"/> | a) Completed <input type="checkbox"/> b) In progress <input type="checkbox"/> |

8. ATTEMPTS: Sit the Strategic Level I Examination as the..... attempt
 Sit the Strategic Level II Examination as the..... attempt

9. ARE YOU SITTING EXAMINATION IN QATAR ?

10. RECORD OF STRATEGIC / FINAL LEVEL TRAINING (Only for SL II applicants)

Agreement No.	Name of the supervising Member	Training Organization	Period of Training	
			From	To

I certify that Mr/Ms has completed 220 training days of Strategic Level training as at after being eligible for the Licentiate/Intermediate Certificate/ Certificate in Accounting and Business (CAB).

10.1 Licentiate / Intermediate / CAB: Certificate No: Date : (if obtained)

Date :

.....
Signature of the supervising member
(if training is in progress)

11. CERTIFICATION OF HEAD OF EDUCATION & TRAINING / MANAGER TRAINING (CA Sri Lanka) :

I certify that the candidate is eligible to sit for Strategic Level II Examination.

Date :

.....
Head of Education & Training /
Manager Training
(CA Sri Lanka)

12. EMPLOYMENT :

<u>Name of Institution</u>	<u>Post Held</u>	<u>From</u>	<u>To</u>
.....
.....

13. DECLARATION BY CANDIDATE:

I certify that the particulars furnished by me in this application are correct. I undertake to abide by the decisions of the council in regard to this examination. I am liable to be penalised for any false declaration made by me in this application. I hereby declare that I have fulfilled all the requirements to sit for this examination.

A copy of cash deposit slip as proof of payment of the prescribed fee is attached herewith.

Date :

.....
Signature of Candidate

14. ATTESTATION : (By a Justice of the peace / Supervising Member / Employer / School Principal / University Lecturer / Staff Officer in government service or private sector / a Member of a recognised profession, e.g. Accountancy, Medicine, Law, Engineering)

I certify that :

- (a) the above candidate Mr./Ms..... is known to me personally.
- (b) the candidate placed his/her signature in my presence.

Name of the Attester : Mr. / Ms

Designation / Status :

Address :

..... Tel No. :

Attested at : On 20

Official Frank

.....
Signature