



Certified Practising Accountants
Papua New Guinea

ADVANCED AUDIT & ASSURANCE EXAMINATION (CPA CATEGORY)
FRIDAY 01 JUNE 2012

I, _____ of _____
[First Name] [Surname] [Reg. No#] [Name of Company]
hereby apply to be enrolled for the Advanced Audit & Assurance Examination on **Friday 01 JUNE 2012**.

I agree that should I wish to **withdraw/defer WITHOUT PENALTY from the program**, I will notify CPA Papua New Guinea no later than **FRIDAY 30 MARCH 2012**.

FINAL DATE FOR ENROLMENT IS WEDNESDAY 29 FEBRUARY 2012.

I also agree that should I not attempt or be unsuccessful in the examination for which I enroll, I will pay K275 (including GST) in order to re-sit the examination at the next examination sitting. **ONE RESIT ONLY ALLOWED AT THIS COST.**

Amount Payable: Please "TICK" [✓] the appropriate Membership category you are registered in with CPA PNG. Those that are not members of CPA PNG must tick the Non-Members status:

1	Registered Graduate (RG)		RAG	K880.00 *	
2	Accounting Technician (AT)			K880.00 *	
3	Non-Member (NM)			K1,100.00 *	

* Inclusive of GST and study materials

NB: Non Members Only, Please give your highest tertiary qualification/year obtained and institution below.
(Tertiary qualification/Yr): _____ (Institution): _____

Payment may be made by Direct Credit to CPA PNG, Account No.10 00020740, Bank South Pacific, Gordons and copy faxed with enrolment form or by cheque or cash at our national office

IMPORTANT NOTICE

Note that the following centers have been chosen for the examinations to be conducted in. All candidates are required to "TICK" (✓) the appropriate venue in which they would like to sit their exams. (IF YOU ARE CHANGING VENUE, KINDLY ADVISE CPA PNG BY **FRIDAY 30 APRIL 2012**).

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|--------------------|----------------|------------------|
| • PORT MORESBY [] | • MT HAGEN [] | • OVERSEAS |
| • LAE [] | • OTML [] | _____ |
| • MADANG [] | • KOKOPO [] | (Please specify) |
| • GOROKA [] | • KIMBE [] | |

Write the address in which you want your modules, examination notice and Result to be sent:

PHONE: _____ **FAX:** _____

EMAIL:

Signed : _____ **Date:** _____