

高等教育背景信息

所获学位	教育机构名称	学位/学历授予日期
大专/学士/硕士/博士	与学历证书上一致	日 / 月 / 年
_____	_____	_____ / _____ / _____
_____	_____	_____ / _____ / _____

工作经验

工作职务	雇主名称	起始日期	截止日期
现任职务：填写全称	填写全称	日 / 月 / 年	日 / 月 / 年
前任职务：	_____	_____ / _____ / _____	_____ / _____ / _____
_____	_____	_____ / _____ / _____	_____ / _____ / _____
_____	_____	_____ / _____ / _____	_____ / _____ / _____

其它专业团体会员资格

专业团体名称	会员级别	起始日期	截止日期
中国注册会计师协会	非执业会员	日 / 月 / 年	日 / 月 / 年
_____	_____	_____ / _____ / _____	_____ / _____ / _____
_____	_____	_____ / _____ / _____	_____ / _____ / _____
_____	_____	_____ / _____ / _____	_____ / _____ / _____

本人在此申请加入公共会计师协会 (IPA) , 若成为会员后将遵守 IPA 声明、章程和法律。本人确认本申请表及相关附件真实无误。

申请人签字： 张三 日期：日 / 月 / 年

支付信息

ABN 81 004 130 643

- 我已随信附寄支票或汇款至 IPA
 请从我的信用卡中扣款 AMEX Visa Master Card

卡号 _____ 有效期 _____

持卡人姓名： _____

持卡人签名： _____ 日期 / /

税务发票：一经支付，本申请表即为一份有效的税务发票。

提名费 AUD _____
 会籍年费 AUD _____
 费用总计 AUD _____

申请资料提交清单

- 已填写完整的中文申请表
- 已经提供资格证明及成绩单复印件*
- 已经提供其他专业会计师团体会籍资格证书复印件*
- 已经提供其他会计师专业团体有效资格证明^
- 已经提供雇主证明信^，包括工作年限和工作职责的陈述^
- 已经支付了申请费用

本人已知晓如下事宜

IPA 可能会接受填写此表格的已经缴纳 IPA 相关申请费用的申请人，将此作为认证申请的书面证据。

*我们需要您提供申请书、学术成绩单和参考资料的真实原件或复印件。已审核文件的授权单位需专业且可查验，如是一位法官或者是一位专业团体的会员。如您所提供相关文件中的姓名不一致，请提供姓名变更的证明文件。

^申请 AIPA 会籍资格无需提供雇主证明和简历。

^本申请如获批，将同时获得与所获批 IPA 会籍资格相对应的英国财务会计师公会 (IFA) 会籍资格及证书。

此页为选填页，如英文书写流畅，建议填写此页

MEMBERSHIP FEES

Membership fees are due 1 July each year. In the first year of membership, fees are paid as a percentage of the annual fees based upon the month of application. New applicants must also pay the nomination fee and any other fees prescribed by the IPA. Please refer to the IPA website www.publicaccountants.org.au/levels for full details of categories of membership.

Admission to AIPA MIPA FIPA Mr Mrs Miss Ms Other, please state _____

First Name _____ Surname _____

Preferred Name _____ Gender Male Female Date of Birth / /

Please write your full name as you would like it to appear on your certificate _____

PLEASE COMPLETE THIS ADDRESS PANEL USING BLOCK LETTERS

Home Address _____ Business Name _____

Suburb/Town/City _____ Business Address _____

Province _____ Postcode _____ Suburb/Town/City _____

Country _____ Province _____ Postcode _____

Home Phone _____ Country _____

Mobile _____ Business Phone _____

Home Email _____ Business Fax _____

Business Email _____

Preferred mailing address Home Business Preferred email Home Business

Please refer to the IPA website www.publicaccountants.org.au/levels for full details of categories of membership

Have you previously been a member of the IPA? Yes No
If yes, what was your previous Member ID: _____

Are you currently registered on the IPA Student Register? Yes No
If yes, what was your Student Registration number: _____

Has the IPA assessed your qualifications for immigration purposes?
If yes, state your QAI reference number: _____ Yes No

Have you ceased to be a member of any professional body? _____ Yes No

Have you ever been refused admission to the IPA or any other professional body? _____ Yes No

Have you any criminal convictions? _____ Yes No

Have you been the subject of an unfavourable decision by a professional body and/or a Regulator? _____ Yes No

*Please provide details in a signed attachment.

MEMBERSHIP APPLICATION
CHINA RESIDENTS ONLY



此页为选填页，如英文书写流畅，建议填写此页；此页签字手动签名

TIERTARY QUALIFICATIONS

QUALIFICATION	EDUCATION INSTITUTION	DATE AWARDED
_____	_____	/ /
_____	_____	/ /
_____	_____	/ /

BUSINESS EXPERIENCE

[Where space is insufficient, please include extra details in a signed attachment.]

EMPLOYMENT HISTORY	NAME OF EMPLOYER	FROM	TO
Present Position	_____	/ /	/ /
Previous Positions	_____	/ /	/ /
_____	_____	/ /	/ /
_____	_____	/ /	/ /

MEMBERSHIP OF OTHER PROFESSIONAL BODIES

[Attach certified copy of current membership certificate and copy of current paid invoice.]

PROFESSIONAL BODY	MEMBERSHIP STATUS	FROM	TO
_____	_____	/ /	/ /
_____	_____	/ /	/ /
_____	_____	/ /	/ /

I hereby apply for admission to the Institute of Public Accountants (IPA) and if admitted agree to abide by all IPA Pronouncements, Constitution and By-Laws. I certify that the information provided on this application form and attachments is true and correct.

Signature 张三 Date 日 / 月 / 年

PAYMENT DETAILS

ABN 81 004 130 643

- I have enclosed a cheque/money order payable to 'Institute of Public Accountants'
- I authorise a credit card payment of \$200 from AMEX Visa Master Card

Card number | | | | Expiry date |

Cardholder name _____

Signature _____ Date / /

TAX INVOICE: This form becomes a tax invoice upon payment

Nomination Fee AUD _____
Membership Fee AUD _____
Total AUD _____

据实勾选

APPLICATION CHECK LIST

- Complete and sign the application form
- Attach certified copies* of qualification certificates and transcripts
- Attach certified copies* of Membership Certificates from other professional bodies
- Attach evidence of paid current subscription of other professional bodies
- Provide original copies of employer testimonials[^] validating 3 years relevant experience
OR if self employed two client statements[^]
- Attach a comprehensive resume[^]
- Include payment/payment details

ADMISSIONS

The IPA may admit an applicant who applies in writing on this form, pays the prescribed fees for admission and who provides suitable certified documentary evidence.

* We require certified true copies of original academic awards, academic transcripts and reference with your application. 'Certified true copy' denotes the verification that your photocopied document is a true copy of the original sighted by any person authorised to verify the authenticity of documentation, such as a Justice of the Peace, or a member of a recognised Professional Body. Where evidence documents were issued to you under a different name, please provide certified true copies of evidence of change of name.

[^] Employment statements and a resume are not required when applying for AIPA membership.

CONTACT DETAILS

Freecall (from within Australia): 1800 625 625. Email to: overseas@publicaccountants.org.au.
Applications must be sent by post to GPO Box 1637, Melbourne VIC 3001, Australia.

Day month 20xx

Dear Sir/Madam,

Re: Intention of joining the Institute of Public Accountants as a Fellow Member

Thanks for your time reading the letter.

I, _____ (姓名), have strong intention to join the IPA and all supporting documents for membership application have been submitted. My resume is attached to this letter and I hope my application will be approved.

I understand that Fellow of the Institute of Public Accountants requires loyal membership with the IPA for at least 7 years and I appreciate that I am provided this opportunity. I also understand that fellow membership requires contribution to the institute. I would like to help the development of the IPA in mainland China in below aspects: (可以根据自己情况选择以下贡献项目中的一两项)

- Increase the number of members, at least _____ (数量) members in 2020-21;
- Contribute my knowledge of the profession, providing 1-2 professional presentations for free of charge in 2020-21;
- Provide venue for member event 1-2 times in _____ (城市) in 2020-21.

As a professional in this field, I would like to witness rapid growth of the IPA in China and around the world. It will be greatly appreciated if my application is approved.

Sincerely yours,

张三 (Signature) 此处需亲笔签名

Full Name: ZHANG SAN

Title: CFO

Recommend by: _____ (Signature) 此处由协会填写

Full Name: 此处由协会填写

Title: 此处由协会填写

雇主证明信内容模版参考

建议申请人使用所在单位信头纸按照下方内容建议书书写，也可使用所在单位固定模板。

结尾签名处，为确保法律效力，请证明人务必本人亲笔签名，并标明职务、联系方式。

(请申请人认真阅读以上注意事项，如使用此模板，请仅保留以下内容)

Day month 20xx

Dear Sir/Madam,

Thank you for reading the letter.

I have the pleasure to recommend Ms/Mr (女士/先生) _____ (申请人姓名拼音) as a member of the IPA. He/She started her role in _____ (公司名称) as (申请人职务) from _____ (担任职务时间). He/She has __15__ immediate subordinate (下属人数) staff now.

Ms/Mr _____ is in charge of _____ work(工作内容) in our company. He/She is competent to his/her job and in good character.

_____ (公司名称) was founded in _____ (公司成立时间), which deals with _____ (公司主营业务) with a registered capital of AU\$ _____ (注册资本以澳元计 1AU\$= ¥ 6.5) and an annual turnover AU\$ _____ (年产值). There are _____ (公司全职工作人员数) full-time staff working in our company.

Should you have any queries about this letter, please do not hesitate to contact us.

Yours faithfully,

_____ (推荐人签名) 推荐人应是部门领导或人力资源部负责人

领导/主管姓名 此处需手动签名，必填项

领导/主管职务 此处无需手动签名，必填项

部门名称 填写全称，必填项

公司名称 填写全称，必填项

盖章 (公章或所在部门章) 选填项

Tel: + 86 必填项

Fax: + 86 必填项

Email: 必填项

Website: 必填项

资料真实性证明模版

建议申请人使用所在单位信头纸按照下方内容书写，也可使用所在单位固定模板。

结尾签名处，为确保法律效力，请证明人务必本人亲笔签名，并标明职务、联系方式。

(请申请人认真阅读以上注意事项，如使用此模板，请仅保留以下内容)

时间日期

True Copy Confirmation

申请者资料真实性证明信

I, ZHANG SAN, confirm that all supporting documents for membership applications submitted by following candidates are true copies of the original documents.

本人 张三，保证所提交的全部申请资料的复印件与原件一致。

签名(中文) 此处需亲笔签名

张三

职位(中文) 此处无需亲笔签名