



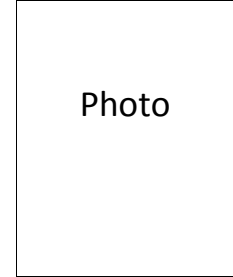
नेपाल चार्टर्ड एकाउण्टेण्ट्स सघं
THE ASSOCIATION OF CHARTERED ACCOUNTANTS OF NEPAL

Post Box No. 25444, Babarmahal, Kathmandu, Tel:4253068, E-mail:acan@ntc.np

Date.....

Application for Membership

The President
The Association of Chartered Accountants of Nepal
Babarmahal, Kathmandu, Nepal



I have passed the Chartered Accountancy Examination from.....
in and an applying for membership. The details of the examinations that I have
passed are state and enclosed herewith in this form. I also agree to by decision of the Executive
Committee in this regard.

1. Name in English

2. Date of birth

3. Citizenship No.....

4. Address

Permanent

Address	Telephone/Mobile	Post box No	Email

Contact/Office

Address	Telephone/Mobile	Post Box No.	Email

5. Highest Academic Qualification:

Academic Qualification	Year of passing	Name of Institution	Name of Board

6. Details of professional qualification

Qualification	Year of passing	Name of Institution	Year of establishment of Institution	Name of Act under which has been established
Foundation/CPT				
Intermediate/PCE/IPCE				
Final				

7. Name of principal and firm with address.

Name of principal

.....

Firm's Name

Address.....

.....

8. Total Training Period

From (specify DD/MM/YYYY)..... To (specify DD/MM/YYYY)

Required Documents:

Mark sheet of Final, Article completion Certificate and Citizenship Certificate.

.....

Application Signature

Note: Documents must be attested from **ACAN member**.