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COMPLAINT FORM

Please use this form to lodge a complaint against a member of the Institute of Certified Public Accountants of Singapore. All details must be completed.

MEMBER'S DETAILS

Name	
Company	
Address	

YOUR PARTICULARS

Name	
Company	
Address	
Contact No.	
Fax No.	
Email	

Have you made an attempt to discuss/resolve the problem with the member concerned?

Yes No

If yes, what was the outcome?

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If no, why not?

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DETAILS OF THE COMPLAINT

Please provide full details of, in chronological order, the circumstances giving rise to the complaint and attach relevant documents and a statutory declaration to support your complaint.

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DECLARATION

I declare that the information and/or documents provided are true and correct to the best of my knowledge and belief.

I understand that a copy of my complaint including any supporting evidence will be sent to the member concerned.

Signature

Print Name

Date: _____

SEND YOUR COMPLAINT AND SUPPORTING DOCUMENTS TO:

The Executive Director
Institute of Certified Public Accountants of Singapore
20 Aljunied Road #06-02
CPA House
Singapore 389805