



To: Member Services Division  
ICPAS  
20 Aljunied Road  
#06-02, CPA House  
Singapore 389805  
Tel: 6749 8060 Fax: 6749 8879

Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ Contact No: \_\_\_\_\_

**Tick where appropriate:**

**Payment For**

1. Membership Application  
 Provisional    Non-Practising    Practising    Member-In-Retirement
2. Renewal Subscription  
 Provisional    Non-Practising    Practising    Member-In-Retirement
3.  Purchase of ICPAS Members' Handbook CD
4.  Others \_\_\_\_\_

**Payment via Cheque**

Cheque No. \_\_\_\_\_ (payable to ICPAS)   Amount: S\$ \_\_\_\_\_

Please indicate your name, NRIC number, contact number behind the cheque and mail to address stated above

**Payment via Credit Card**

I, hereby authorize Institute of Certified Public Accountants of Singapore to charge to my credit card of which the details are given below.

Credit Card:       VISA                       MasterCard                       AMEX

Credit Card No:      \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Card Expiry Date:      \_\_ / \_\_ (MM/YY)

Cardholder's Name:      \_\_\_\_\_

Cardholder's Signature:      \_\_\_\_\_      Amount: S\$ \_\_\_\_\_

**For Official Use:**

Receipt no: \_\_\_\_\_      Remarks: \_\_\_\_\_