INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS OF SOUTH SUDAN
Government Accountancy Training Centre, 1st Class Residential Area, Plot 31-3K South, Juba, South Sudan,

Tel: +211-922-175-754, Email: Info@icpass.institute, website: www.icpass.institute

STUDENT REGISTRATION FORM

Affix your Passport size Photograph here

REG. NO	
REG. DATE:	
COURSE:	

Before completing this form, please read it carefully with the help of the following notes:

1. Please complete the application form in CAPITAL LETTERS (use black or blue ink).
2. The names entered must agree with names on all supporting documents attached. Any change must be supported by a legal document (e.g. Marriage certificate, affidavit with deedpoll).
3. Attach the following:
   (a) Two colored passport size photographs with a white background.
   (b) A copy of the national identity card. Enter NIN in 1.7 and not Card No.
   (c) Certified copies of academic transcripts and certificates, starting with secondary education. These documents may be certified by your referee or by ICPASS officials if you present the originals for verification.
   (d) A copy of passport details page is compulsory for foreign applicants.
4. The ICPASS reserves the right not to register and/or de-register any student who inits assessment is not a fit and proper person for the accountancy profession.

1.0 GENERAL INFORMATION:

1.1 Surname: ……

1.2 First Name: ……

1.3 Other Names: ……

1.4 Gender (Tick): Male Female

1.5 Date of Birth: ……

1.6. Nationality: ……

1.7. National Identity No. (NIN): ……

1.8. Passport No (If Foreigner): ……

1.9 Mailing Address

C/o: ……

P.O. Box: ……

Boma: ……

Payam: ……..……

County: ……

State: ……

Town/City: ……

Country: ……

Tel No: ……
Email Address: ……

2.0 EDUCATIONAL BACKGROUND

	School, College, University attended	Examining Body	Date	Grade / class obtained	Certificate awarded
2.1					
2.2					
2.3					
2.4					
2.5					
2.6					

3.0 EMPLOYMENT RECORD *(If applicable)*

3.1 Employment Record *(Start with the current going backwards)*

Name of Employer	**Designation**	**From**	**To**

3.2 Current Employment *(If applicable)*

Name of Current Organization: .....

Address:

.....

.....

.....

Tel: .....

E-mail: .....

4.0 DECLARATION BY APPLICANT

I hereby declare that the information given in this registration form and in all the documents attached in support hereof is true and correct. If registered, and as long as I remain a student of ICPASS, I undertake to observe and abide by the Students Rules and Regulations, Code of Ethics, Examinations Regulations and Directives to candidates which are in force from time to time.

SIGNATURE: .....

Date: .....

FOR OFFICIAL USE ONLY

Registration Application Accepted ☐ Rejected ☐

Name of Registration Official: .....

Signature .....

Date ……

Approval:

Remarks.....

Name: .....

Signature .....

Date: .....

Payment:

Receipt No ..... Amount: (SSP).....

Date: .....

Received by: .....

Signature: .....

Registration letter sent by:

Name: .....

Signature: .....

Date: .....