



UPDATE OF PERSONAL DETAILS DECLARATION

MEMBER DETAILS	
Full Name:	
Member's registration number:	
PERSONAL DETAILS	
Practicing member	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name of Employer:	
Position:	
Employer's Business:	
Date of Employment:	
<u>Home Address:</u>	
Street:	
Town:.....	Postal Code: Country:
Telephone number: Mobile Number: Fax:.....	
Email:	
<u>Employment Address:</u>	
Street:	
Town:.....	Postal Code:..... Country:
Telephone number: Mobile Number: Fax:	
Work Email:	

**ΣΥΝΔΕΣΜΟΣ ΕΓΚΕΚΡΙΜΕΝΩΝ
ΛΟΓΙΣΤΩΝ ΚΥΠΡΟΥ**

Λεωφόρος Βύρωνος 11, 1096 Λευκωσία
Τ.Θ. 24935, 1355 Λευκωσία, Κύπρος
Τ.: +357 22870030, Φ.: +357 22766360

**THE INSTITUTE OF CERTIFIED PUBLIC
ACCOUNTANTS OF CYPRUS**

11 Byron Avenue, 1096 Nicosia
P.O. Box 24935, 1355 Nicosia, Cyprus
T.: +357 22870030, F.: +357 22766360

info@icpac.org.cy
www.icpac.org.cy



Postal Address information:

P.O. Box Number: P.O. Box Post Code: P.O. Box City:

Contact Address:

Home Address Employment address Postal address

E-Mail Contact Address:

E-Mail Address Business Email

Continuing Professional Development (CPD)

Submission of the annual CPD declaration
for the previous year:

YES NO

Work / employment sector

Please insert ✓ at the box next to the sector that best describes your work / employment:

- ☐ Accounting / Auditing (Partner / Shareholder / self – employed or employee)
- ☐ Administrative Services Provider (Partner / Shareholder / self-employed or employee)
- ☐ Insolvency Practitioner
- ☐ Trade and Industry (including banking, financial services and insurance)
- ☐ Public Sector (Central Government, semi-government organizations and municipalities)
- ☐ Other sector (please explain):

- ☐ I have retired

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Declaration

I hereby confirm that, to the best of my knowledge and belief, the information contained in this application is true, accurate and complete. I understand that any false or misleading statement in this form may lead to disciplinary actions against me or may invalidate any decision taken on the basis of this application.

By signing this application, I certify that I will abide by the provisions of the relevant Regulations of the Institute of Certified Public Accountants of Cyprus and the Code of Ethics of Professional Accountants. I have settled my obligations to the Institute in relation to the annual membership subscription.

I also confirm my previously provided acknowledgement and where relevant consent(s), relating to personal data processing, as reflected in the Personal Data Processing & Privacy Information Notice.

☐

OR

I attach the completed Personal Data Processing & Privacy Information Notice

☐

Member's signature:

Date * :

* - the updated details shall become effective within 5 working days from receipt of this form by ICPAC

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