

# HONG KONG INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

## Employment Information Update Form for Authorized Supervisors

**IMPORTANT:**

- Personal Data (Privacy) Ordinance: All information provided in this form will be used for purposes relating to the administration of the Institute's practical experience requirements for membership admission under the Professional Accountants Ordinance. In addition, the Institute may use the collected data for statistical research and analysis. The provision of personal data by means of this form is voluntary. Data collected is accessible to officers, committees or persons processing the updating and related matters.
- Applicants may access their personal data kept by the Institute and if applicable correct or update it.
- The completed Employment Information Update Form should be sent to the Institute by fax: 2147 3293/2865 6603 OR by post to: Student Education and Training Department, Hong Kong Institute of Certified Public Accountants, 27th Floor, Wu Chung House, 213 Queen's Road East, Wanchai, Hong Kong. Authorized Supervisors may also submit this Form by hand to the Institute's service counter at the above address during office hours.
- For enquiries, please contact the Student Education and Training Department of the Institute via email at: etd@hkicpa.org.hk; on telephone: 2287 7228; or by fax: 2147 3293/2865 6603.

Name of Authorized Supervisor: \_\_\_\_\_  
*(Full name in BLOCK letters)*

HKICPA Membership No. *(if any)*: \_\_\_\_\_ HK Identity Card/Passport No.: \_\_\_\_\_  
*(To be completed by AS who is not an HKICPA member)*

### PART 1 – CHANGE OF EMPLOYMENT DETAILS AND TRANSFER ARRANGEMENTS

**A. Last Employment**

1. Name of organisation: \_\_\_\_\_
2. Date of termination: \_\_\_\_\_ *(dd/mm/yyyy)*
3. Transfer arrangements<sup>#</sup>:

The following Authorized Supervisor(s) will take up my responsibilities to train the HKICPA registered student(s)/prospective member(s)\* previously under my supervision:

<u>Name of Authorized Supervisor</u>	<u>HKICPA Membership No.</u> <i>(if any)</i>	<u>Name of HKICPA registered student/prospective member*</u>	<u>Student Registration No.</u> <i>(if any)</i>	<u>Effective Date</u> <i>(dd/mm/yyyy)</i>
a. _____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____
d. _____	_____	_____	_____	_____

*(Please use separate sheet, if necessary.)*

- No transfer arrangements have been made as the HKICPA registered student(s)/prospective member(s)\* under my supervision has/have already left the organisation.
- No transfer arrangement is required as no HKICPA registered student/prospective member\* has worked under my supervision during my registration as an Authorized Supervisor.

<sup>#</sup> Please put a "✓" in the appropriate box.

\* Prospective member(s) : Member(s) / student(s) of other accountancy bodies who are required to acquire practical experience under an Authorized Employer / Authorized Supervisor for HKICPA membership admission.

**B. New Employment**

1. Name of organisation: \_\_\_\_\_
2. Date of commencement: \_\_\_\_\_ (dd/mm/yyyy)
3. Position held: \_\_\_\_\_
4. Business address: \_\_\_\_\_  
\_\_\_\_\_
5. Office tel. no.: \_\_\_\_\_ 6. Office fax. no.: \_\_\_\_\_
7. Email address: \_\_\_\_\_

**C. Training of HKICPA registered student(s)/prospective member(s)\* under the new employment**

The following HKICPA registered student(s)/prospective member(s)\* is/are now under my supervision:

	<u>Name of HKICPA registered student/ prospective member*</u>	<u>Student Registration No.</u> (if any)	<u>Effective Date</u> (dd/mm/yyyy)
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____

(Please use separate sheet, if necessary.)

**D. Declaration**

I declare that the above information is true and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Authorized Supervisor

\_\_\_\_\_  
Date

**PART 2 – EMPLOYER'S SUPPORT**

We support the training of HKICPA registered student(s)/prospective member(s)\* in our organisation by the above Authorized Supervisor:

\_\_\_\_\_  
Name of the Signatory

\_\_\_\_\_  
Position Held of the Signatory

\_\_\_\_\_  
Signature and Organisation Chop

\_\_\_\_\_  
Date

\* Prospective member(s) : Member(s) / student(s) of other accountancy bodies who are required to acquire practical experience under an Authorized Employer / Authorized Supervisor for HKICPA membership admission.