

HONG KONG INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

Proforma for Testimonial

- NOTE:
1. This form must be completed and signed by the sole proprietor/a practising partner of a firm or by a practising member director of a corporate practice.
 2. Any change in position, even within the same department, should be recorded.
 3. Use one Proforma for each employment.
 4. Only **ORIGINAL** Form PCT will be accepted.

**To: The Registrar,
Hong Kong Institute of Certified Public Accountants,
27th Floor, Wu Chung House,
213 Queen's Road East,
Wan Chai,
Hong Kong.**

Testimonial for Dr./Miss/Mr./Mrs./Ms. * _____
(Surname) *(Other name)*

regarding his/her* application for the issue of a practising certificate.

1. (A) **Period of Service:** From _____ To _____
(dd/mm/yyyy) *(dd/mm/yyyy)*
- (B) **Position:** _____
- (C) **Department:** _____ (D) **Location:** _____
- (E) **Nature of Work:** _____

- (F) **Percentage of involvement in auditing:** _____
2. (A) **Period of Service:** From _____ To _____
(dd/mm/yyyy) *(dd/mm/yyyy)*
- (B) **Position:** _____
- (C) **Department:** _____ (D) **Location:** _____
- (E) **Nature of Work:** _____

- (F) **Percentage of involvement in auditing:** _____

* Please delete as appropriate.

Testimonial for Dr./Miss/Mr./Mrs./Ms. *

(Surname) (Other name)

regarding his/her* application for the issue of a practising certificate.

3. (A) **Period of Service:** From _____ To _____

(dd/mm/yyyy) (dd/mm/yyyy)

(B) **Position:** _____

(C) **Department:** _____ (D) **Location:** _____

(E) **Nature of Work:** _____

(F) **Percentage of involvement in auditing:** _____

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

Name of Employer: _____

Registered Office: _____

Telephone No.: _____ **Fax No.:** _____ **Email :** _____

I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Name of sole proprietor/ practising partner/ practising member director: *

(Surname) (Other name)

Signature: _____ **Date:** _____

(dd/mm/yyyy)

* Please delete as appropriate.

IMPORTANT –

Personal Data (Privacy) Ordinance: All information provided in this form will be used for purposes relating to the administration of the Professional Accountants Ordinance and Professional Accountants By-laws in particular for processing of practising certificate application. 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. However, insufficient information may result in rejection of an application. Data collected is accessible to officers, committees or persons processing the registration and related matters.

Applicants may access their personal data kept by the Institute and if applicable correct or update it. Please contact the Admission Department at 27th Floor, Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong (tel.: 2287 7228) for the purpose.