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APPLICATION FOR AAT SRI LANKA MEMBERSHIP

CATEGORY & METHOD OF MEMBERSHIP

[PLEASE SELECT ALL CAGES UNDER I & II **OR** III AS APPLICABLE]

<p>I. MAAT <input type="checkbox"/> SAT <input type="checkbox"/> FMAAT <input type="checkbox"/></p> <p>LIFE MEMBERSHIP <input type="checkbox"/></p> <p>ORDINARY MEMBERSHIP <input type="checkbox"/></p>	<p>II. THROUGH AAT EXAMINATION (AAT Passed Finalist)</p> <ul style="list-style-type: none"> • 1 year training + People & Leadership Skills Workshop (PLS) <input type="checkbox"/> • 2 years' training + PLS <input type="checkbox"/> • 4 years' Experience + PLS <input type="checkbox"/> <p>STUDENT REGISTRATION NO.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td> </tr> </table>																			<p>[Stamp size 3cm x 2.5cm colour photograph]</p>
<p>III. AS A DIRECT APPLICANT</p> <p>CA SRI LANKA <input type="checkbox"/> CIMA <input type="checkbox"/> ACCA <input type="checkbox"/></p> <p style="font-size: x-small;">(PLS WORKSHOP CONDUCTED BY AAT TO BE COMPLETED)</p>																				

01. PERSONAL DETAILS

1.1. Title : Prof. Dr. Mr. Mrs. Miss.

Name with Initials :

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Full Name :

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1.2. Address :

RESIDENCE	OFFICE

1.2.1 Indicate the address to which you wish your AAT correspondence be sent
Residence Office

1.3. Contact Details :

RESIDENCE	OFFICE
Tel. No. :	
Mobile No. :	
Fax No. :	
E-mail/s :	

1.4. Date of Birth:

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1.5. NIC No. :

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1.6. District :

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1.7. Province:

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02. AAT MEMBERSHIP DETAILS [FOR MEMBERSHIP UPGRADING ONLY]

If you are already an AAT member and wish to upgrade your membership to next category, please complete this section with the **current membership details of AAT.**

MAAT/SAT No.: LIFE: ORDINARY: LAST RENEWED YEAR (If an ordinary member)

(Recent Membership Category)

If you are a SAT Member already, please complete these details. MAAT NO. EFFECTIVE DATE

[Please attach a copy of your AAT Membership Certificate/s.]

03. QUALIFICATIONS

3.1 AAT STUDENT DETAILS [For AAT Passed Finalists only]

STUDENT REGISTRATION NO. :

Stage III / Final Examination / AA3 + Talent Capstone Details : Month of Completion : _____ Year : _____ Index No. : _____

PF Certificate No. (If Available) : _____

[PLEASE ATTACH A COPY OF YOUR AAT STAGE III / FINAL EXAMINATION / AA3 + TALENT CAPSTONE RESULT SHEET.]

3.2 QUALIFICATION SUMMARY ["✓" as applicable]

ACADEMIC Degree Post Graduate Diploma Masters PhD.

PROFESSIONAL ["✓" as applicable]

Passed Finalist of; AAT CA CIMA ACCA Other _____

Membership of; CA CIMA ACCA Other _____

Part qualification of; CA CIMA ACCA Other _____

Are you currently following any studies? Yes No

If Yes, please specify

3.3 ACADEMIC AND PROFESSIONAL QUALIFICATIONS - DETAILS

INSTITUTE	NAME OF THE QUALIFICATION	YEAR OF COMPLETION	INDEX NO./ CERTIFICATE NO.

[Please attach certified copies of result sheets/certificates.]

3.4 OTHER MEMBERSHIP/S OF PROFESSIONAL INSTITUTES - DETAILS

INSTITUTE	MEMBERSHIP NO.	YEAR OF MEMBERSHIP	INDEX NO./ CERTIFICATE NO.

[Please attach certified copies of membership certificate/s.]

04. TRAINING DETAILS [FOR MAAT APPLICANTS ONLY]

4.1 **TRAINING METHOD** : Under AAT Training Agreement (Ag. No.)
 Regular Basis Training Records
 CA Sri Lanka Training Records
 CA Sri Lanka Licentiate / Intermediate / CAB / CSBA Certificate

4.2 **PLACE/S OF TRAINING** : 1. _____
 2. _____

05. CAREER DETAILS

5.1 CURRENT DETAILS

- 5.1.1 Are you currently employed? Yes No
- 5.1.2 Please mark to which grade your employment falls in,
 Managerial Executive Non Executive Trainee
- 5.1.3 If you are **currently employed**, please fill the following and submit a **service letter** from the employer (Appointment letters are **not accepted**).
- Government Sector Private Sector
 Self Employed Any Other _____ (Please specify)

NAME OF THE ORGANIZATION / NATURE OF BUSINESS	YOUR DESIGNATION	DESIGNATION OF THE OFFICER REPORTING TO	DATE OF JOINING	TOTAL NO. OF MONTHS
NAME NATURE (Please Select) Accounting / Audit Firm <input type="checkbox"/> Commercial Sector <input type="checkbox"/> Public Practice <input type="checkbox"/> Academic / Education <input type="checkbox"/> Other <input type="checkbox"/>				

- 5.1.4 Monthly remuneration
 below 30,000 31,000 - 50,000 51,000 - 75,000 76,000 - 100,000
 101,000 - 150,000 151,000 - 200,000 above 200,000

- 5.1.5 Are you currently engaged in accounting practice? Yes No
 [Eg: Book keeping/Tax consultancy etc.]

- 5.1.6 Are you currently an Entrepreneur? Yes No

If yes, details of the business in brief

5.2 PREVIOUS CAREER DETAILS

Details relevant to your eligibility for AAT Membership.

(Start from the **most recent** experience **except for your current employment**)

NAME OF THE ORGANIZATION	YOUR DESIGNATION	DESIGNATION OF THE OFFICER REPORTING TO	DATE OF JOINING	DATE OF LEAVING	TOTAL NO. OF MONTHS

Please attach **certified copies** of service letters from all the organizations (**Appointment letters are not accepted**)

06. PAYMENT DETAILS

METHOD OF PAYMENT	RECEIPT NO. / PAY-IN-VOUCHER NO. / CHEQUE NO. / ONLINE TRANSACTION ID	PAYMENT DATE	AMOUNT (RS.)
Bank <input type="checkbox"/>			
Branch _____			
Cheque <input type="checkbox"/>			
Cash at AAT Centre <input type="checkbox"/>			
Credit card at AAT Centre <input type="checkbox"/>			
On-line <input type="checkbox"/>			

If fees are paid by a cheque, the cheque should be drawn in favour of "Association of Accounting Technicians of Sri Lanka" and crossed "Account Payee Only".

07. WHAT HAS DRIVEN YOU TO APPLY FOR AAT MEMBERSHIP?

- Value of having a professional membership
 Job promotions [“✓”as applicable]
 Migration purposes
 Continuous learning & development
 Networking opportunities
 Other *[Please specify]* _____

08. CHECK LIST

Please use this check list to make sure that you have attached everything needed to process your application.

- AAT Stage III / Final Examination / AA3 + Talent Capstone **Result Sheet**
 PLS Certificate (for both AAT PFs and Direct MAAT applicants).
 Certified copies of Academic / Professional **Certificates**
 Training Records / Experience Certificates
 Certified copies of **Service letters** from present employer and / or previous employers (Original copy if addressed to AAT)
 Certified copies of **Birth Certificate and National Identity Card**
 Two stamp size (3 cm x 2.5 cm) **colour photographs** with name written on the reverse
 Cash Pay-in-Voucher / Payment Receipt / Cheque / Online Transaction ID (**Proof of payment**)
 Powerpoint presentation [for Members Upgrading/Applying for **SAT & FMAAT categories** (other than Chartered Accountants)]

Certificates can be certified by a JP/Grama Sevaka/Lawyer/a member of AAT or CA Sri Lanka or by an employer who posses a valid official / company seal.

09. DECLARATION

I declare on honour that the information contained in this application are true, accurate and complete to the best of my knowledge and belief. **I acknowledge that any statement contained herein if found to be false may invalidate this application.**

I undertake that, if admitted as a member, I will, so long as I remain a member of AAT, **abide by the laws and all regulations in force.** I further undertake that I will use the designatory letters 'MAAT / SAT / FMAAT' as applicable only **while I remain an active member of AAT** and, I am aware that **failure to pay annual subscriptions**, unless I am a life member, **may lead to removal of my name from the register of members.** Further, until I remain an Ordinary Member, in the event my membership becomes inactive due to non-payment of annual subscriptions, I agree to return the membership certificate to the Association. I am aware of the importance of professional values, ethics and behaviours and my obligation to AAT's Code of Ethics.

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Signature

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Date