Cancellation of CPA Program segment enrolment for ICAI members wishing to transfer to CPA 113 Business Strategy & Leadership segment and defer to Semester 2 2009

Closing date: 6 March 2009

Personal Details:

Membership Number:
CPA Australia ☐ **ICAI** ☐

Family Name: _____
Ms/Miss/Mrs/Mr
Given Names: _____

Mailing Address: _____

_____

_____

Daytime contact phone number: _____

Email address: _____

The above address is my:
Private address ☐ Business address ☐ This is a change of address Yes ☐ No ☐

Enter segment you wish to cancel _____

_____

Declaration

I acknowledge that:

- I am a member in good standing of the Institute of Chartered Accountants of India;
- I give permission for CPA Australia to contact the Institute of Chartered Accountants of India to confirm the current status of my membership;
- I have read the 'Cancellation of segment enrolment' and 'Refund or credit of enrolment fee upon cancellation' information in the CPA Program Guide (see pp. 13 – 14) the CPA Australia Privacy Policy (see p. iii) and the 'Application instructions' (See p. 78) and request that my enrolment in the above segment be cancelled; and
- The information provided in this application (including any attachments) is true and correct and I make it in the understanding that a person making a false declaration is liable to the penalties of perjury.

Signature: _____ Date: _____

Examination Location

You must enter the examination location code and location name (refer to CPA Program Guide) most suitable unless segment enrolment is for reference purposes only. Double check the code entered. If an incorrect code is used you may be assigned to an examination location not of your choice. Please note that final selection of examination locations is subject to confirmation by Deakin University.

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Location Code Location Name

Payment Details

Transfer fee to Business Strategy & Leadership segment **AUD355.00**
This fee deferral to Semester 2, and delivery of materials for the Business Strategy & Leadership segment.

☐ I am paying by Cheque payable to CPA Australia Ltd (staple to this form).
☐ I am paying by Credit Card as ticked ☐ Amex ☐ MasterCard ☐ Visa ☐ Diners

Cardholder's name: _____

Credit card number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry date: mm / yy Total (inc GST) $

Cardholder's signature: _____ Date: dd / mm / yy

Fax to:
Australia 1300 78 76 73
Outside Australia +61 3 9606 9844
(please retain fax transmission report as proof of transmission)

Send to: Member Administration
CPA Australia
GPO Box 2820
MELBOURNE VIC 3001

Email:
MA.Renewals@cpaaustralia.com.au