



Proforma for Testimonial

- NOTE:**
1. This Proforma must be completed and signed by the sole proprietor/a practising partner of a firm or a practising member director of a corporate practice.
 2. Use one Proforma for each employment.
 3. Only full-time experience acquired from the office of a practising certificate ("PC") holder, a firm or a corporate practice should be recorded in this Proforma.
 4. Only **ORIGINAL** Form PCT will be accepted.
 5. If this Proforma is issued by the present employer of the PC applicant, it must be signed within two months from the date of receipt of such Proforma by the Institute.
 6. The Institute reserves the right to verify where necessary the information provided in the Proforma with the PC applicant/ the signer/ the CPA practice/ any third parties concerned.

Testimonial for _____

(Full name of the applicant)

(holder of HKICPA membership no. _____) regarding his/ her * application for the issue of a practising certificate ("PC").

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 _____

(Full name of the applicant)

(holder of HKICPA membership no. _____) regarding his/ her * application for the issue of a practising certificate ("PC").

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 sheets, if necessary, duly signed by the same person with the name of the CPA practice on each of the sheet(s) attached. Total no. of sheet(s) attached _____.)

Name of CPA practice: _____

Telephone 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: * _____
(Full name in BLOCK letters)

Signature: _____ Date: _____
(dd/mm/yyyy)

* Please delete as appropriate.

IMPORTANT –

Personal Data (Privacy) Ordinance: All information provided in this form will be used by the Hong Kong Institute of Certified Public Accountants ("the Institute") for the purpose of exercising its power under the Professional Accountants Ordinance ("PAO") and its subsidiary legislation (Cap 50) and administering or enforcing the relevant provision of the PAO and its legislation, and for any other legitimate purposes as may be required, authorized or permitted by law. The Institute will also use your personal data provided in this form for statistical research and analysis and for other uses internally.

The provision of personal data by means of this form is voluntary. However, insufficient information may result in rejection of the relevant PC application. Data collected is accessible by the Institute's officers, persons or committees processing the registration and related matters. Please refer to the Institute's privacy policy and personal information collection statement on its website at: www.hkicpa.org.hk.

Unless otherwise agreed, hard copies of any documents containing your personal data that you provide to the Institute will become the property of the Institute and will not be returned to you. The Institute will destroy any documents it holds in accordance with its internal policy and applicable laws.

Under the Personal Data (Privacy) Ordinance, applicants have a right to request access to and correction of their personal data kept by the Institute. If you wish to exercise these rights, please email admission@hkicpa.org.hk or contact the Membership and Admission Department at (852) 2287-7228.