

HONG KONG SOCIETY OF ACCOUNTANTS
HKSA Authorised Supervisor Scheme
Application Form to Train Prospective Professional Accountants

Surname (*Mr./Mrs./Ms.) : _____ Given Name : _____
HKSA Membership No. : _____ Practising Certificate No. : _____
Office Tel. : _____ (if applicable) _____
Home Tel. : _____ Office Fax : _____
Mobile/Pagers : _____ Home Fax : _____
Office E-mail : _____ Home E-mail : _____
Company : _____ Position : _____

Correspondence Address : _____

* *Please delete as appropriate*

Have you previously applied to be an Authorised Supervisor? No Yes. If yes, when (MMYY): _____

Total _____ Year(s) of post-qualification work experience in (please tick):

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Financial Reporting | <input type="checkbox"/> Auditing | <input type="checkbox"/> Teaching/ Training |
| <input type="checkbox"/> Financial Management | <input type="checkbox"/> Taxation | <input type="checkbox"/> Information Management and Technology |
| <input type="checkbox"/> Management Accounting | <input type="checkbox"/> Insolvency | <input type="checkbox"/> Others, please specify _____ |

Professional Qualifications other than HKSA, please specify membership number (if any) : _____

Highest Educational Qualifications : _____

Supervisory Experience : Experience in supervising _____ (number) staff.

HKSA registered students employed in the organisation (please tick 1-4 5-10 11-20 21-50 _____

HKSA members and accounting staff employed in the organisation (please tick 1-10 11-50 51-100 101-200 _____

Total number of employees in the organisation (please tick 1-10 11-50 51-100 101-200 _____

I support this application:

I wish to be registered on the list of Authorised Supervisors maintained by HKSA. I certify that the information provided are correct and undertake to comply with the requirements of an Authorised Supervisor as specified by HKSA:

Employer's Signature & Company Chop

Applicant's Signature & Date

Please send this form together with your **CV** indicating your work and supervisory experience to:

**The Director of Education & Training,
Hong Kong Society of Accountants,
4th Floor, Tower Two, Lippo Centre,
89 Queensway, Hong Kong.**