

## ISCA Infrastructure & Project Finance Professional (IPFP) Application Form

### PART 1: PERSONAL PARTICULARS

Salutation:		Gender:	
Surname:		Identity Card (IC) Type:	
Full Name (in Identity Card):		IC/FIN/Passport Number:	
Date of Birth:		Country of Citizenship:	
Country of Birth:			
Mobile Number:		Office Number:	
Email Address:			
Singapore Residential Address			
Block Number		Unit Number	
Street Name		Building Name:	
Postal Code:			
Singapore Mailing Address (if different from residential address)			
Block Number		Unit Number	
Street Name		Building Name:	
Postal Code:			
<b>This section is to be completed by ISCA Members only</b>			
Class of ISCA Membership:		ISCA Membership Number:	
Year of ISCA Membership Admission (MM/YYYY):			

## PART 2: QUALIFICATION

### 1. Academic qualification

*Note: Please enter your relevant qualification(s) obtained in reverse chronological order including courses that you are currently pursuing, starting from the highest qualification achieved.*

Educational Level	Name of Institution	Country	From (MM/YYYY)	To (MM/YYYY)	Method of Learning

### 2. Professional qualification(s)

*Note: Please enter your relevant qualification(s) obtained in reverse chronological order.*

Name of Qualification	Name of Professional Body	Country	From (MM/YYYY)	To (MM/YYYY)

### 3. Other professional credential and designation

Name of Credential/ Designation	Name of Professional Body/Institution	Country	Date of Conferment (MM/YYYY)

### PART 3: WORK EXPERIENCE

#### Employment Details

*Note: Please enter your relevant work experience in reverse chronological order starting from your current/most recent employment.*

Employer Name	Job Position	Job Level	Employment Start Date (MM/YYYY)	Employment End Date (MM/YYYY)	Organisation Type

### PART 3: DECLARATION BY APPLICANT

1.	I declare that all information provided by me in connection with this application is accurate, complete and true.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	I understand that any inaccurate, incomplete or false information given or any omission of information required shall render this application invalid. I acknowledge that ISCA may vary or reverse any decision regarding admission made on the basis of incorrect or incomplete information provided by myself.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	I understand that I will not be able to appeal after the notification of outcome.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	I understand that I will not be able to obtain any refund or transfer my application fee regardless of the application outcome.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	I confirm that I have not committed any offence by a court of law in any country and there is no court proceeding pending against me anywhere in respect of any offence.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	I understand that if I have been convicted of an offence by a court of law of any country, I must submit all relevant information together with this application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	I confirm that I have not been adjudged a bankrupt or made an assignment for the benefit of my creditors.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	I understand that if I have been adjudged a bankrupt or made an assignment for the benefit of my creditors, I must submit all relevant information together with this application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	I hereby authorized ISCA to obtain and verify any part of the information given by me from or with any source, as it deems appropriate.	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### PART 4: PERSONAL DATA NOTICE AND CONSENT FOR APPLICANT

By filling this application form, I confirm that I have read and I agree to [ISCA's Privacy and Data Protection Policy](#) which sets out how my personal data will be collected, used, disclosed and processed by the Institute of Singapore Chartered Accountants and the purposes of processing.

<b>Name:</b>		<b>Date:</b>	
<b>Signature:</b>			

*\*Please email this completed form along with the required [supporting documents](#) to [membership@isca.org.sg](mailto:membership@isca.org.sg). An acknowledgement email will be sent to you within 3-5 working days to confirm your submission.*