



**CERTIFICATE REPRINT FORM**

**Part A Member's Particulars**

Name: \_\_\_\_\_ Membership ID: \_\_\_\_\_  
 Contact No.: \_\_\_\_\_ Email : \_\_\_\_\_  
 Billing Address (if any): \_\_\_\_\_

**Part B Certificate Status**

Membership Category		Reprint Fee
<input type="checkbox"/> Affiliate <input type="checkbox"/> Associate	<input type="checkbox"/> CA (Singapore) <input type="checkbox"/> Fellow CA (Singapore)	S\$107.00
<b>• Shipping Method</b>		
<input type="checkbox"/> Mailing Address (please specify if otherwise) Postage Chargeable@ S\$8.00 for local address S\$20.00 for overseas address	Address for delivery:	
<input type="checkbox"/> Self - Collection	60 Cecil Street, ISCA House, Singapore 049709	

**PAYMENT MODE**

**Cheque Payment:**

Name of Bank: \_\_\_\_\_ Cheque No. : \_\_\_\_\_ Amount: S\$ \_\_\_\_\_  
 (cheque payable to ISCA or Institute of Singapore Chartered Accountants)  
 Please indicate your name, Membership ID, contact number behind the cheque and mail to address stated above.

**Credit Card Payment:**

I, hereby authorize Institute of Singapore Chartered Accountants to charge to my credit card of which the details are given below.

Credit Card:       VISA               MasterCard               AMEX  
 Credit Card No:      \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Card Expiry Date:    \_\_\_ / \_\_\_ (MM/YY)  
 Cardholder's Name: \_\_\_\_\_  
 Cardholder Signature: \_\_\_\_\_ Amount: S\$ \_\_\_\_\_

I confirm that I have read and I agree to (i) the Terms of Use (<http://isca.org.sg/terms-of-use/>), and (ii) the Privacy and Data Protection Policy (<http://isca.org.sg/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.

\_\_\_\_\_  
 Member's signature/Date

**For Official Use:**

Receipt no: \_\_\_\_\_ Remarks: \_\_\_\_\_