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AUTHORISATION FORM TO COLLECT ASEAN CHARTERED PROFESSIONAL ACCOUNTANTS (ACPA) CERTIFICATE

Name	:				
MIA Membership 1	No / ACPA F	Registratio	on No :		
H/P No	:			Tel No. :	
E-Mail	:				
I (name as above) the following perso				ertificate personally. As suc pehalf.	ch, I hereby authorise
Name of the author	orise person	: _			
NRIC No.		: -			
Best regards					
 Signature				Date	