



Public Accountancy Board

A STATUTORY BODY UNDER THE MINISTRY OF FINANCE AND THE PUBLIC SERVICE

EMPLOYMENT HISTORY FORM WHICH IS TO ACCOMPANY AND FORMS PART OF MY APPLICATION FOR REGISTRATION AS A PUBLIC ACCOUNTANT

NAME OF APPLICANT

Please list below your employment history (including your current post) over your professional working life or the last 20 years (whichever is shorter). If applicable, include any period of full-time study. If your accountancy experience described below has not been continuous, please indicate any employment/unemployment/study, etc. in the intervening periods.

NAME OF FIRM / ORGANIZATION

JOB TITLE

DURATION (in months)

SUMMARIZE VITAL RESPONSIBILITIES

NAME OF FIRM / ORGANIZATION

JOB TITLE

DURATION (in months)

SUMMARIZE VITAL RESPONSIBILITIES

NAME OF FIRM / ORGANIZATION

JOB TITLE

DURATION (in months)

SUMMARIZE VITAL RESPONSIBILITIES

NAME OF FIRM / ORGANIZATION

JOB TITLE

DURATION (in months)

SUMMARIZE VITAL RESPONSIBILITIES

NAME OF FIRM / ORGANIZATION

JOB TITLE

DURATION (in months)

SUMMARIZE VITAL RESPONSIBILITIES

NAME OF FIRM / ORGANIZATION

JOB TITLE

DURATION (in months)

SUMMARIZE VITAL RESPONSIBILITIES

NAME OF FIRM / ORGANIZATION

JOB TITLE

DURATION (in months)

SUMMARIZE VITAL RESPONSIBILITIES

NAME OF FIRM / ORGANIZATION

JOB TITLE

DURATION (in months)

SUMMARIZE VITAL RESPONSIBILITIES