

APPLICATION FORM | BEST CFO AWARD

THE INSTITUTE OF CHARTERED ACCOUNTANTS OF SRI LANKA

Title: Dr. Ms. Mr.

Full Name:

First Name: Surname:

Date of Birth: Membership No:

Residential Address:

Mobile No: Residential Telephone No: Email:

Current Designation:

No. of Years Working in the Current Designation:

Name & Address of Current Employer:

Work Experience During the Last 15 Years (Provide details of all Positions held) :

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

No. of Years of Post-Qualifying Experience:

No. of Years in Senior Management covering Strategy & Leadership roles:

[Note: It is compulsory to state detailed answers for the section below]

1. Describe how you have contributed to the growth of the organization. (*Contribution to Strategy Development & Innovation, IT System or Process Developments, Team Development & People / Team Empowerment, New Product Development*).

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

2. Describe how you have contributed to the profession.

.....
.....
.....
.....

3. Describe how you have contributed to the wellbeing of the society.

.....
.....
.....
.....

I acknowledge that the information provided above, is accurate.

.....

Signature

.....

Date