

**THE INSTITUTE OF CHARTERED ACCOUNTANTS OF SRI LANKA**  
**APPLICATION FOR STRATEGIC LEVEL EXAMINATION**

STRATEGIC LEVEL..... EXAMINATION JUNE 2014

For Office Use Only	<b>R</b>	<b>CC</b>	<b>HOE</b>	<b>TR</b>	<b>SP</b>
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<i>For Office Use</i>
<i>Index No.</i>

Exam Fees Payment Details				
Date	Bank/Branch	Income Code	Amount	Amount Carried forward
			Rs.	Rs.

**1. NAME WITH INITIALS :** Mr./Ms. : .....

**FULL NAME:** .....  
 (In block letters)

- 2. i PERMANENT ADDRESS :** .....  
**ii POSTAL ADDRESS :** .....  
**iii CONTACT TELEPHONE NUMBER :** .....  
**iv E-MAIL ADDRESS :** .....

**3. NATIONAL IDENTITY CARD :** i. No. : ..... ii. Date of Issue : .....

**4. CA Sri Lanka IDNO :** .....

Note : Candidates should have renewed their student registration for the current year

**5. ELIGIBILITY :** Please state your eligibility to sit the examination now applied for : (Please tick relevant cage)

- |  |                          |
|--|--------------------------|
| 5.1 Pass Unit I/ Professional I/ Professional II/ Intermediate/ CAB II/ Final I/ Strategic Level I Examination of the CASL held in ..... | <input type="checkbox"/> |
| 5.2 Obtained exemptions on account of ..... qualification  | <input type="checkbox"/> |
| 5.3 Passed.....subjects of the Strategic Level I/ II Examination   | <input type="checkbox"/> |
| 5.4 Obtained permanent credits for ..... subject/s at the Final I/II examination held in .....   | <input type="checkbox"/> |
| 5.5 Was referred in ..... at the Final I/II Examination held in .....  | <input type="checkbox"/> |

**6. SUBJECTS NOW APPLIED FOR :** (Please Tick)

**Strategic Level I Examination**

- |  |                          |
|--|--------------------------|
| Financial Reporting Framework              | <input type="checkbox"/> |
| Strategic Management Accounting            | <input type="checkbox"/> |
| Strategic Management Process               | <input type="checkbox"/> |
| Advanced Taxation & Strategic Tax Planning | <input type="checkbox"/> |
| Commercial Law & Corporate Law             | <input type="checkbox"/> |

**Strategic Level II Examination**

- |  |                          |
|--|--------------------------|
| Advanced Financial Reporting             | <input type="checkbox"/> |
| Strategic Financial Management           | <input type="checkbox"/> |
| Business Strategy & Knowledge Management | <input type="checkbox"/> |
| Advanced Audit and Assurance             | <input type="checkbox"/> |

**Are you sitting this examination in Estate of Qatar**

**7. OTHER MANDATORY REQUIREMENTS**

- |   |   |
|---|---|
| 7.1 Purchased the relevant study packs <input type="checkbox"/> | 7.2 Completed the e-correspondence <input type="checkbox"/>                   |
| 7.3 Compulsory IT Training Course <input type="checkbox"/>      | a) Completed <input type="checkbox"/> b) In progress <input type="checkbox"/> |

**8. ATTEMPTS :** Sit the Strategic Level I Examination as the..... attempt  
 Sit the Strategic Level II Examination as the..... attempt

**9. MODE OF STUDY:** a) Other Institutes  b) Self Study

**10. RECORD OF STRATEGIC / FINAL LEVEL TRAINING (Only for SL II applicants)**

Agreement No.	Name of the supervising Member	Training Organization	Period of Training	
			From	To

I certify that Mr/Ms ..... has completed 220 training days of Strategic Level training as at ..... after being eligible for the Licentiate/Intermediate Certificate/ Certificate in Accounting and Business (CAB).

10.1 Licentiate / Intermediate / CAB: Certificate No: ..... Date : ..... ( if obtained)

Date : .....

.....  
Signature of the supervising member  
(if training is in progress)

**11. CERTIFICATION OF HEAD OF EDUCATION & TRAINING / MANAGER TRAINING (CA Sri Lanka) :**

I certify that the candidate is eligible to sit for Strategic Level II Examination.

Date : .....

.....  
Head of Education & Training /  
Manager Training  
(CA Sri Lanka)

**12. EMPLOYMENT :**

<u>Name of Institution</u>	<u>Post Held</u>	<u>From</u>	<u>To</u>
.....	.....	.....	.....
.....	.....	.....	.....

**13. DECLARATION BY CANDIDATE:**

I certify that the particulars furnished by me in this application are correct. I undertake to abide by the decisions of the council in regard to this examination. I am liable to be penalised for any false declaration made by me in this application. I hereby declare that I have fulfilled all the requirements to sit for this examination.

A copy of cash deposit slip as proof of payment of the prescribed fee is attached herewith.

Date : .....

.....  
Signature of Candidate

**14. ATTESTATION :** (By a Justice of the peace / Supervising Member / Employer / School Principal / University Lecturer / Staff Officer in government service or private sector / a Member of a recognised profession, e.g. Accountancy, Medicine, Law, Engineering)

I certify that :

- (a) the above candidate Mr./Ms..... is known to me personally.
- (b) the candidate placed his/her signature in my presence.

Name of the Attester : Mr. / Ms .....

Designation / Status : .....

Address : .....

..... Tel No. : .....

Attested at : ..... On ..... 20 .....

Official Frank

.....  
Signature