

Application for

Special Admission to Membership

(under By-Law 12) (Reg CR1)

Please fill in your **Membership Number**, if known (please use a **BLACK** pen)

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Please complete **ALL** the sections (1 – 13) below, and return the application with payment to Chartered Accountants Australia and New Zealand (CA ANZ). (See page 7 for contact details). **Please print in BLOCK LETTERS.**

Section 1 – Membership type

Chartered Accountant (CA) Accounting Technician (AT)

Section 2 – Personal details

Title Mr Mrs Miss Ms Other 

Given name/s (in full)

Family name

Preferred name

Date of birth (DD/MM/YYYY)

 / /

Previous name

Section 3 – Contact details

1. Residential contact details

Street address

Suburb/City

State

Postcode

Country

Email (home)

Email (alternative)

Phone (home)

Phone (business)

Mobile

2. Mailing contact details (if different to above)

Company Name
(if applicable)

Position title

Street address

Suburb/City

State

Postcode

Country



Section 4 – Current member of another accounting body

Please indicate which accounting body you are a member of by crossing the appropriate box below.

- Chartered Professional Accountants Canada (CPA Canada)**
(Reciprocity applies to CA, CPA, CMA and CGA members of CPA Canada)
- Hong Kong Institute of Certified Public Accountants (HKICPA)**
(Members who have completed the HKICPA Qualifications Programme and training under an authorised Employer/Supervisor)
- The Institute of Chartered Accountants in England & Wales (ICAEW)**
- The Institute of Chartered Accountants in Ireland**
- The Institute of Chartered Accountants of Scotland (ICAS)**
- CPA Australia Limited**
- South African Institute of Chartered Accountants (SAICA)**

- A legally constituted state authority in the USA**
(The person having full CPA status and a licence to practice in that state)
- Institute of Chartered Accountants of India (ICAI)**
(Members having successfully completed CA ANZ's Capstone module)
- Association of Chartered Certified Accountants (ACCA)**
(Only applies if you have obtained the ACCA designation)
- The Institute of Chartered Accountants of Zimbabwe (ICAZ)**
(Reciprocity only applies to CA members of ICAZ)
- AT ONLY:**
- Hong Kong Institute of Accredited Accounting Technicians (HKIAAT)**
- The Association of Accounting Technicians (AAT UK)**

Membership Number

Date of admission / /

I have attached an original Letter of Good Standing (refer to checklist on page 7 for details)

Section 5 – Tertiary qualifications – To be completed by US CPA, CPA Australia Limited applicants and those applying for a Certificate of Public Practice (CPP)

Please list the details of your tertiary qualification(s). Certified copies of your tertiary qualification(s) – degree certificate(s) and transcript(s) must be attached (If additional space is required, please photocopy this page and attach to this application.) Applicants residing in Australia applying for a CPP must have completed bridging subjects in Australian Company and Taxation laws. Applicants residing in New Zealand applying for a CPP must have completed bridging subjects in New Zealand Company and Taxation laws. By submitting your academic transcript we can confirm that you have completed these subjects.

Applicants applying on the basis of full membership with a legally constituted state authority in the USA are required to complete bridging subjects in the following competence areas, Business Law and Taxation. Detail regarding specific subjects within the competence areas can be found in the Accredited Tertiary Course (ATC) Lists on our website. **Please note:** You will need to refer to the ATC list for the country in which you reside or intend to reside.

QUALIFICATION 1:

Country of tertiary institution

State (if applicable)

Name of tertiary institution (eg. university / college)

Date commenced / / → Date completed / /

QUALIFICATION 2:

Country of tertiary institution

State (if applicable)

Name of tertiary institution (eg. university / college)

Date commenced / / → Date completed / /

QUALIFICATION 3:

Country of tertiary institution

State (if applicable)

Name of tertiary institution (eg. university / college)

Date commenced / / → Date completed / /

Section 6 – Professional experience

Please list details of your employment. (Please attach additional pages to this application if space provided is insufficient.)

Company Name

Company street address

State Postcode Country

Position title

Employment type Full-time Part-time → at hours per week

Duration of employment / / to / / = Years / Months

Firm type Chartered CPA Australia Public Accounting Other (please specify) →

Company Name

Company street address

State Postcode Country

Position title

Employment type Full-time Part-time → at hours per week

Duration of employment / / to / / = Years / Months

Firm type Chartered CPA Australia Public Accounting Other (please specify) →

Section 7 – References

If applying for CA you must submit two references from current CA ANZ members (CAs).

Your referees should indicate in their own words how long they have known you and in what capacity, and be able to attest to your professional experience. They should also state their support for your application for membership and provide detail of your contribution to business or the profession. If you are unable to find two CA ANZ referees, we will accept one from a CA ANZ member and one from a member of another Global Accounting Alliance body, or from an FCCA member of the ACCA. If you do use a member of another accounting body, we will need confirmation of their membership. We can usually confirm their membership if they provide their name, membership number, city of residence, and date of admission. If we cannot confirm their membership details, we will require a letter of good standing from their home body.

If applying for AT, you must submit one professional reference and one member reference. These must be completed by two different people. You can download the reference forms from our [website](#).

Section 8 – Australian Registrations/Authorities

Please indicate whether you hold any of the following registrations/authorities.

- | | Yes | No | Registration number |
|---|--------------------------|--|----------------------|
| 1. Are you a Registered Company Auditor? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 2. Are you a Registered Company Liquidator? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 3. Are you a Registered Tax Agent? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 4. Are you a Registered BAS Agent? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 5. Are you a Registered Trustee in Bankruptcy? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 6. Are you a Registered Tax (Financial) Advisor? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 7. Are you an Approved SMSF Auditor? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 8. Are you a reviewer of Second Tier Companies Limited by Guarantee in accordance with the <i>Corporations Act 2001</i> ? | <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | |

9. Where an AFS Licence applies to you, please complete this section. If you are associated with multiple AFS Licences, please provide a schedule with the below information for each.

a) AFS Licence Type

- Full
 Limited
 Limited authority under a full licence
 None (Go to Question 10)

b) Name of AFS Licensee

c) AFS Licence Number

d) Where an AFS Licence applies to you, check which situation applies to you personally:

I personally hold this AFS Licence

Date commenced holding this licence

I am an Authorised Representative under this AFS Licence

Authorised Representative number

Date authority commenced

I am a director or trustee of this entity which holds an AFS Licence

I am a Representative (other than the above) under this AFS Licence

I am a Responsible Manager under this AFS Licence

10. Australian Credit Licence (ACL)

a) I personally hold an ACL Yes No

b) I am a representative of an ACL Yes No

If you ticked yes to either 10(a) or 10(b) above please provide the following details:

Full name of ACL

ACL number

Date commenced holding ACL/being a representative of an ACL

Section 9 – Are you required to hold a Certificate of Public Practice (CPP)?

Do not complete this section if you are resident outside of Australia and New Zealand.

If you are resident in Australia or New Zealand, you must complete our online interactive tool with your application. The online interactive tool can be accessed here: <https://survey.charteredaccountantsanz.com/doineedacpp/>

I have completed the 'Do I need a CPP?' online interactive tool, and: (please select **ONE** only)

I am required to hold a CPP and have completed an Application for CPP

OR

I am **not** required to hold a CPP and reside in Australia. I have attached the **conclusion page** from the 'Do I need a CPP?' online interactive tool

OR

I am not required to hold a CPP as I do not reside in Australia/New Zealand

OR

I am not required to hold a CPP and reside in New Zealand.

Section 10 – Bankruptcy, crimes, offences and disciplinary action

A positive answer to any of the questions in this section **will not** automatically result in a declined application. Each case will be considered individually on its merits. Details will be kept confidential.

Have you ever been before any court of law in any jurisdiction in Australia, New Zealand or elsewhere and pleaded guilty to, or been found guilty of, any criminal offence which has not been set aside on appeal, or a criminal charge is pending against you? Yes No

Are you presently or have you ever been adjudged bankrupt or made an assignment for the benefit of your creditors (if applying for NZ membership) or: Have you executed an authority under Part X of the *Bankruptcy Act 1966*? (if applying for Aus membership) Yes No

Are you, or have you ever been prohibited by the Registrar of Companies from managing a company? (if applying for NZ membership) or; Are you presently, or have you been subject to a notice not to manage a corporation as provided in Part 2D.6 of the *Corporations Act 2001*, or been refused registration for any of the registrations identified in CR2? (if applying for Aus membership) Yes No

Are you, or have you ever been subject to disciplinary proceedings by a Tertiary Education Institution? Yes No

Are you, or have you ever been subject to disciplinary proceedings by a statutory, regulatory, professional, or other body in respect of your professional capacity? Yes No

PLEASE READ CAREFULLY. Applies to those living in New Zealand only. Not required to be filled in if you have only visited New Zealand.

Record of New Zealand criminal convictions

CA ANZ requires that you submit a current criminal convictions record obtained from the New Zealand Ministry of Justice (dated within 3 months of your application) with your application for full membership. The appropriate form can be downloaded from www.justice.govt.nz.

Please note your rights under the Criminal Records (Clean Slate) Act 2004 before requesting a copy of your criminal record.

Where you do not have any criminal convictions recorded, you must still submit the record you receive from the Ministry of Justice with your application for full membership. Applicants who have not been to or lived in New Zealand are not required to submit a form.

Overseas police clearances

If you have lived in any country other than New Zealand for periods of twelve months or more during the last 10 years, you are required to obtain police clearance certificate(s) from the country or countries where you have lived. The certificate(s) must be original(s) or photocopies signed by a NZ Justice of the Peace and less than six months old at the time your application is submitted. Original documents will not be returned. Further information about obtaining a police clearance certificate is available on the New Zealand immigration website at www.immigration.govt.nz.

A conviction or offence will not automatically result in a declined application. Each case will be considered individually on its merits. Details of any convictions will be kept confidential.

Charges pending

Please provide details of any charges pending before a court in New Zealand or overseas.

PRIVACY STATEMENT

IMPORTANT: YOUR CONSENT TO DISCLOSURE

By providing personal information to us in this form you consent to CA ANZ:

- Disclosing to third parties your (current or former) status as a member or candidate of CA ANZ;
- Disclosing to regulators, law enforcement bodies, professional associations and government or statutory bodies the details of any final adverse determinations (including sanctions) in relation to your professional and/or ethical conduct that are made by CA ANZ's Professional Conduct bodies; and
- Collecting from third parties information relating to your membership of a trade or professional association or union, your criminal record (if any), your health, religious beliefs or affiliation, racial or ethnic origin and any other sensitive information to the extent that it is reasonably necessary for one or more of the functions or activities of CA ANZ.

We collect, use and disclose your personal information in connection with your application, the management and administration of candidates and/or programs, the provision of products and services and/or to communicate with you. If you do not provide your personal information, we may be unable to process your application. We may disclose your information to agents, contractors and service providers such as where we outsource functions and to other third parties such as local and international professional bodies, ASIC and other regulators and government bodies. By completing this form, unless you opt-out, you consent to us also using and disclosing

your information for promotional and marketing purposes. You can opt-out or change your communication preferences by contacting us at privacy@charteredaccountantsanz.com or on 1300 137 322 in Australia or 0800 469 422 in New Zealand. We may also have collected information about you from a third party, for instance from other professional bodies with which we have reciprocal arrangements. Your information will also be used and disclosed as set out in CA ANZ's Privacy Policy, available at www.charteredaccountantsanz.com/privacy. It is likely that your personal information will be disclosed to overseas recipients (as provided in our Privacy Policy, including the location of those entities). The Privacy Policy sets out how CA ANZ handles your personal information including how you can seek to access and correct your information or raise a privacy concern with us and how it will be dealt with as well as details about the disclosure of your information to entities overseas.

This Privacy Statement also applies to and is adopted by the New Zealand Institute of Chartered Accountants (**NZICA**). NZICA may collect, store, use and disclose your personal information in the performance of its regulatory functions under the New Zealand Institute of Chartered Accountants Act 1996 (NZ) in accordance with this Privacy Statement.

CA ANZ is formed in Australia. Our members are not liable for our debts and liabilities.

I have read, understood and agree to CA ANZ's Privacy Policy and the important information contained in the Privacy Statement above.

ADDITIONAL PROVISIONS FOR EU DATA SUBJECTS

The following additional provisions apply to you if the (EU) 2016/679 General Data Protection Regulation (**GDPR**) applies to you. GDPR will apply to you if you are or become a resident of the member states of the EU, Norway, Iceland and Liechtenstein (**EU data subjects**).

Lawful grounds: Under the GDPR, we are permitted to process your information for the purposes described above, by relying on one or more of the following lawful grounds: (a) you have explicitly agreed that we may process your information for a specific reason; (b) the processing is necessary to perform the agreement we have with you or to take steps to enter into an agreement with you; (c) the processing is necessary for us to comply with our legal obligation; or (d) the processing is necessary for our legitimate interests, which include: (i) to protect our business interests; (ii) to ensure that complaints, including complaints about member conduct, are appropriately investigated; (iii) to evaluate, develop or improve our products and services; or (iv) to keep our members informed of relevant products and services, unless you indicate that you do not wish us to do so. We generally rely on your specific consent to process special categories of personal data (i.e., 'sensitive information'). However, in some cases (for example, relating to an alleged offence), we may need to use some of that information to comply with our legal obligations.

Withdrawing your consent: Where you have consented to our processing of your information (including special categories of personal data), you may withdraw your consent at any time. To do so, contact us using the details set out in our Privacy Policy. In some cases we may lawfully continue to process your information even after you withdraw your consent, by relying on the legal bases described above. Other important information such as transferring your personal data outside the European Economic Area information, your specific GDPR rights over your personal data and how and when we retain and destroy your personal data is explained in our Privacy Policy.

We would like to send you relevant marketing materials about our products, services, activities and events. Please tick this box if you are happy for us to send such direct marketing materials by post and electronic means. You can opt-out at any time by following the directions set out in the Privacy Statement and Privacy Policy.

DECLARATIONS

The information you provide in this application is covered by this declaration. Please indicate your consent and acceptance of these undertakings by signing below:

I, _____ (print name) the undersigned, in making this application declare that:

- I acknowledge that in completing this form or applying for membership (as the case may be), if I am resident in, or practice the profession of accountancy in, New Zealand at any time, in addition to my CA ANZ membership, I will also be admitted as a member of the New Zealand Institute of Chartered Accountants (NZICA) and subject to the regulatory requirements applicable to members in New Zealand, available here (<https://www.charteredaccountantsanz.com/member-services/member-obligations/regulations-and-guidance/new-zealand-regulations>)
- I have read and agree to be bound by CA ANZ's Supplemental Royal Charter, By-Laws and Regulations (and the NZICA Act and NZICA Rules to the extent they apply to me), all applicable Codes of Ethics, guidelines and any documents prescribing any ruling on the standards or practice and professional conduct, including the technical standards, as required by CA ANZ and NZICA (if applicable).
- I agree to abide by the lawful decisions of the CA ANZ Board and NZICA Regulatory Board (if applicable) and any Regional or Local Council, Professional Conduct body, Standing or other Committees or Officer of CA ANZ or NZICA (if applicable) who may, in accordance with the Supplemental Royal Charter or the By-Laws, NZICA Act or NZICA Rules (if applicable) have delegated functions or powers to make lawful decisions.

- In consideration of CA ANZ's and NZICA's (if applicable) evaluation of my suitability for CA ANZ and (if applicable) NZICA membership, I understand and agree that confirmation of my responses will be sought.
- I understand that these checks may include, but are not limited to, criminal history and verification of my qualifications and professional membership(s). If CA ANZ or NZICA collect any 'sensitive information' (as defined in applicable privacy laws) about me, I understand such sensitive information will only ever be used to the extent that it is reasonably necessary for one or more of the functions or activities of CA ANZ and/or NZICA (as applicable) or as otherwise permitted under applicable laws.

Signature

Full name

Date / /

I acknowledge and agree that by checking this box I will be taken to have signed this Form by hand for the purposes of all relevant laws, that I warrant the accuracy and truthfulness of the information provided in this form, and that CA ANZ is entitled to and will rely on my checking this box as if I had signed this form by hand.

CA ANZ consents to you executing this Form by checking the box above.

Section 12 – Payment details

APPLICATION FEES PAYABLE:

Applicants applying for CA membership, residing in Australia or overseas

AUD\$620

Applicants applying for CA membership, residing in NZ

NZD\$718.75 (GST incl)

Applicants applying for AT membership, residing in Australia or overseas

AUD\$95

Applicants applying for AT membership, residing in NZ

NZD\$109 (GST incl)

MEMBERS' HANDBOOK

The Members' Handbook is offered online as a free member service, and updated every eight weeks – this is available on our website.

For members who are unable to access the internet version of the Member's Handbook it can be made available for a \$25 (including GST) fee. If a USB is required, you can update your Handbook delivery method online- simply log onto the website and update your survey preferences and we will send you the Member's Handbook purchase form and send the USB out to you in December.

PAYABLE BY:

Chartered Accountants Amex

Amex

Visa

MasterCard

Diners Club

Card number

Expiry date

 /

Cardholder name

Cardholder signature

Section 13 – Documentary requirements/checklist

MEMBERSHIP APPLICANTS

ALL APPLICANTS to complete and submit the following:

- Completed the relevant sections (1 – 12)
- Privacy Statement and Declaration completed and signed
(Please attach documentation, if applicable)
- Have read and understood **CR7** relating to Continuing Professional Development.
- Payment authorised
- Original** references dated within three (3) months of application received date
- Evidence of membership – Letter of Good Standing:
 - An **original certified** letter must be obtained from your accounting body stating your membership number, that you are a current financial member in good standing, how you were admitted i.e. via normal admission or reciprocal agreement and the date that you became a full member. This letter needs to be dated within three (3) months of application received date. **Note:** Electronic copies are **only** accepted if CA ANZ receives it directly from the accounting body.
 - ICA India members**
The original Letter of Good Standing – submitted with your Capstone enrolment application remains valid for 6 months from the commencement date of your first Capstone module. Therefore you will only need to provide a new 'Letter of Good Standing' if you apply for membership after this period
 - US CPA members**
Your Letter of Good Standing issued by the State Board, must confirm you have completed the US Uniform CPA Exam and that you hold a current US CPA Licence.
 - CPA Canada – CMA and CGA members**
Your Letter of Good Standing issued by CPA Canada, must confirm you have completed two years relevant post qualification experience. Relevant experience must involve the use of accounting, management advisory, financial advisory, tax or consulting skills in public practice, private industry, non-profit or government.
- Conclusion page from the 'Do I need a CPP?' online tool (not applicable to AT applicants)

Additional documentation required by below members ONLY

CPA Australia Limited members ONLY:

- List of continuing professional development activities (including number of hours) in the past three (3) years
- Certified copy of final degree transcript or certificate (must hold qualifications comparable to at least an Australian or New Zealand Bachelors degree)
- Evidence outlining positions held over the past 10 years post admission to CPA Australia Limited full membership where I must have attained senior positions.

I have attached:

- A copy of my CV

OR/AND

- Have provided a link to my LinkedIn Profile. URL

US CPA members ONLY:

- Certified (original)** copy of official academic transcript confirming satisfactory completion of bridging subjects for Australian or New Zealand Business Law and Taxation (pre-requisite for membership of CA ANZ)

ACCA members ONLY:

- Confirmation of 5 years' post qualification experience (CV/ Resume or other confirmation of work history)
- Personal statement of activities contributing to business or the profession

CPA Canada – CMA and CGA members ONLY:

- Verification of core values and skills report (see Appendix 1) signed and dated within three months of application received date. This must be signed by a full and current CA member of CA ANZ or a member of a GAA body that CA ANZ have a reciprocal agreement with.

If you do use a member of another accounting body, we will need confirmation of their membership. We can usually confirm their membership if they provide their name, membership number, city of residence and date of admission. If we cannot confirm their membership details, we will require a Letter of Good Standing from their home body.

AT Applicants ONLY:

- A relevant accounting [form](#) that confirms completion of one year of full-time relevant accounting employment.

Section 14 – Submitting your application form

HOW TO SUBMIT YOUR FORM

Please email your completed form to:

EMAIL assessment@charteredaccountantsanz.com

OR



If you have a 'digital signature' simply click the submit button

ANY QUESTIONS

If you have any questions you can contact the Service Centre at:

EMAIL service@charteredaccountantsanz.com

PHONE **AUSTRALIA** 1300 137 322

+61 2 9290 5660 (outside of Australia)

8AM–6PM (AEST) Monday – Friday (excl. Public Holidays)

NEW ZEALAND 0800 4 69422

+64 4 474 7840 (outside of New Zealand)

8AM–6PM (NZ time) Monday – Friday (excl. Public Holidays)

WEBSITE charteredaccountantsanz.com

Verification of Core Values and Skills Report

- to be completed by CMA and CGA members of CPA Canada

(Appendix 1 – PA7 of Section E of the GAA Framework document)

Section 1 – Personal Details

Title Mr Mrs Miss Ms Other [→](#)

Given name/s (in full) Family name

CPA Canada Membership Number

Section 2 – Competency Areas

To be completed by member verifying core values and skills	Initials
Cognitive	
1. Appreciative	
Applying professional scepticism and a critical approach to business problems	
Demonstrating a proactive approach to work and clients affairs	
Thinking laterally and applying a creative and integrated approach to problem solving	
Demonstrating an ability to achieve professional commitments by prioritising tasks and managing time and resource constraints	
Applying the concept of materiality to all professional actions	
2. Analytical	
Accessing, managing and evaluating information from multiple sources and perspectives	
Applying research skills to generate appropriate evidence	
Applying professional judgement to evaluate alternatives, reaching well-reasoned conclusions supported by evidence	
Applying reasoning, critical analysis and innovative thinking to recommend solutions to unstructured or complex problems	
Identifying when to seek assistance from experts or consult with specialists to solve problems and reach conclusions	
Applying appropriate tools and technology to increase efficiency and effectiveness and improve decision making	
Behavioural	
3. Self-Management/Personal	
Demonstrating an even-handed and tolerant approach showing an awareness of cultural and language differences	
Demonstrating an independence of thought	
Handling enquiry effectively	
Handling pressure and understanding the impact of pressure on others	
Developing a sense of professional integrity	

To be completed by member verifying core values and skills	Initials
Anticipating challenges and planning potential solutions which are appropriate to the situation	
Demonstrating a commitment to lifelong learning	
Setting high personal standards of delivery and monitoring personal performance, through feedback from others and through reflective activity	
Demonstrating an open minded and adaptable approach to business problems and new opportunities	
4. Inter-personal	
Listening attentively and applying effective interviewing techniques to clarify understanding of key facts and requirements	
Communicating in a clear and concise manner which is appropriate to the audience and situation both in writing and orally	
Understanding the importance of team dynamics and displaying cooperation and teamwork when working towards organisational goals	
Presenting ideas and influencing others through effective communication to provide support and commitment	
Undertaking a negotiation to an acceptable agreement whilst demonstrating ethical behavior	
Applying consultative skills to minimise or resolve conflict, solve problems, and maximise opportunities	
Reviewing own work and that of others to determine whether it complies with the organisation's quality standard	
Applying people management skills to motivate and develop others	
Applying leadership skills to influence others to work towards organisational goals	
Applying delegation skills to deliver assignments within identified deadlines	
5. Organisational	
Appreciating and operating within the culture of their employer	
Understanding the needs of customers and clients	
Planning, resourcing, managing and controlling projects to employers' guidelines and standards to deliver key outcomes and meet identified deadlines	

Section 3 – Declaration

This must be signed by a full and current CA member of CA ANZ or a member of a GAA body that CA ANZ have a reciprocal agreement with. We can usually confirm your membership if you provide your name, membership number, city of residence and date of admission. If we cannot confirm your membership details, we will require a Letter of Good Standing from your home body.

I verify that after the completion of two years post qualification experience, the above named applicant has demonstrated the core values and skills outlined in Section 2. I have initialed every task where competence has been achieved.

Full Name	<input type="text"/>		
Name of your accounting body	<input type="text"/>		
Membership Number	<input type="text"/>	Date of Admission	<input type="text"/> / <input type="text"/> / <input type="text"/>
City of Residence	<input type="text"/>		
Signature	<input type="text"/>		Date <input type="text"/> / <input type="text"/> / <input type="text"/>