



Application for a Practicing Certificate 2013/14

Form: APC-II **Qualified Members**

Personal Details		
The Association Membership No		
Designatory Letters		
Name:		
Registered Address:		
Postal Code:	Zip Code:	Country:
Telephone		
Mobile		
Fax		
E-mail		

Additional Information	
<input type="checkbox"/>	Please tick this box if you wish to apply for the 'appropriate qualification for audit'.
Date of Commencement of Practice	DD MM YYYY
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
(This date must be subsequent to the date of the application and cannot be backdated).	
Your practicing certificate will not be sent to you until the month following your proposed date of practice.	

Employment status			
Are you remaining an employee?		<input type="checkbox"/>	Yes (If yes, please provide your employer's details below).
		<input type="checkbox"/>	No (If no, please go to THE PRACTICE section over page).
Firm Name			
Office Address			
Postal Code:	Zip Code:	Country:	
For Office Use			
Date received	Eligibility Checked	Commence Date	Cash Received



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The Practice

Please complete this section if you become a principal (partner or director)

Either

A) I intend to establish a practice named:

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You must enclose a specimen of your proposed business letter heading(s), and declare all other partners in the firm.

Or

B) I intend joining an established practice:

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You must enclose a specimen of your proposed business letter heading(s), and a letter confirming your admission to partnership

The Registered address of the practice will be:

Registered Address	
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Telephone	
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Mobile	
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Fax	
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Email	
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Declaration

By signing and completing this application for a practicing certificate you are also declaring that you:

- comply with the fundamental principles set out in the Code of Ethics,
- have completed the “Going into Practice Am I Ready?” questionnaire within the application pack
- have complied with the CPD requirements for the two years preceding this application
- maintained competence in the accountancy services you intend to provide

Signature		Date:	
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Payment For Year 2012

You are required to pay a practicing certificate fee as \$200 for the Year. These fees are not adjusted Pro-rata.

Sole Practitioner

Please send a copy of your letterhead for approval to us. When your letterhead has been approved, please send your practicing certificate application to the address below. Please be aware that applications will not be processed prior to letterhead approval.



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Checklist

- Completed application form
- Declaration signed and dated
- Specimen of proposed business letter heading(s).
- Complete the “Going into Practice Am I ready”?
- Enclose valid payment
- CPD completed for the last three years

Payment Method

Payments to be made in USD through either of the following routes:

1. Online via PayPal Inc. UK
2. Online, Swift Transfer, TT into HSBC, UK ...
 - a. **Title:** The Association of International CPAs
 - b. **IBAN Code:** GB20MIDL40241811482084
 - c. **Branch Identifier Code:** MIDLGB2134F
 - d. **Short Code:** 40-24-18
 - e. **Account Number:** 11482084
3. Crossed Cheque in USD or Local Currency in favour of “The Association of International Certified Public Accountants” may be sent directly or via our Official Learning Provider, Regional Partner or Country Chapter.
4. Cash in Local Currency via our designated Official Learning Provider, Regional Chapter or Country Chapter.

For Payment Assistance, Email to Treasurer@CPApro.EU