

INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS OF UGANDA



RENEWAL OF CERTIFICATE OF PRACTICE YEAR: 2019

(TO BE COMPLETED IN CAPITAL LETTERS)

Promoting Professionalism in Accountancy

1.0 APPLICANT'S DETAILS		
Surname:		
Other Names:		
Membership No:	Nationality:	Date of Birth:
Tax identification number:	National identification Number:	
Gender: Male: <input type="checkbox"/> Female: <input type="checkbox"/> (Tick the appropriate)		
Practice As: A Certified Public Accountant <input type="checkbox"/> An Associate Accountant <input type="checkbox"/> (Tick the appropriate)		
Permanent Address:		
Tel:	E-Mail:	

2.0 FIRM DETAILS	
Firm Name:	
Nature of Practice (Tick the appropriate)	Partnership <input type="checkbox"/> Sole Practitioner <input type="checkbox"/>
Physical address:	
Postal Address:	
Town/City	
Telephone (Office):	
Telephone (Mobile):	
Fax:	
E-mail:	

3.0 CONTINUITY AGREEMENT
Continuity of practice arrangements (You are required to provide continuity of practice details for the firm in which you are a sole practitioner or partner):
3.1 Name of Alternate:
3.2 Name of Firm in which the Alternate practices:
3.3 Address of the Alternate:

4.0 CONTINUING PROFESSIONAL DEVELOPMENT (CPD)	
In the period 1 January 2018 to 31 December 2018, I achieved a total number of:	
Body/ Provider	No. of Hrs
a) ICPAU
b) ICPAU Practice Management Course*
c) Other IFAC Member Body
d) Other Organisation
Total Structured CPD Hours:
Total Unstructured CPD Hours:
TOTAL CPD HOURS
* ICPAU requires every registered practising accountant to undertake the ICPAU Practice Management Course at least once every three years.	

5.0 FEES

I hereby enclose Shs in respect of practice fees for the year ending 31 December and Shs..... for charity. (Payments can be made by: Cash/Cheque/Direct Credit to the Institute’s Account No9030005648709, Stanbic Bank (U) Ltd, Forest Mall Branch, Rotary Avenue, P.O. BOX 7131, Kampala).

Council recommends a minimum contribution of Shs. 50,000 for charity for Katalemwa Cheshire Home.

6.0 DOCUMENTS SUBMITTED

I have enclosed the following documents:

- | Item | Tick |
|---|--------------------------|
| 1. Photocopy of the National Identity card | <input type="checkbox"/> |
| 2. Photocopy of a current <i>Work Permit</i> in case you are a non-Ugandan citizen. | <input type="checkbox"/> |
| 3. Completed CPD return and form for period ended 31 December 2018. | <input type="checkbox"/> |
| 4. Completed Annual Return for the period ended 31 December 2018. | <input type="checkbox"/> |
| 5. Firm’s Letterhead. | <input type="checkbox"/> |
| 6. Continuity of practice documents/agreements. | <input type="checkbox"/> |
| 7. Professional indemnity insurance policy. | <input type="checkbox"/> |

Tick

7.0 RENEWAL APPLICATION DECLARATION

In signing this application for renewal of a Certificate of Practice, I confirm that:

1. I am a fit and proper person to hold a certificate of practice.
2. I have read and will comply with the Accountants Act, 2013 and all the applicable regulations, rules or guidelines.
3. I am aware that the Council may refuse to renew the Certificate of Practice, if I am found not to be complying with the applicable professional standards, rules, guidelines or regulations.
4. I comply with all the ethical requirements of the Institute.
5. I shall notify the Institute promptly of all changes in circumstances of the firm.
6. I have met my Continuing Professional Development requirement and other training requirements set by the Council.
7. I have met my professional indemnity insurance requirements.
8. I have met the competency requirements for the areas of work that I will undertake.
9. I have read and will comply with the provisions of the Anti Money Laundering Act and regulations made under this Act.
10. To the best of my knowledge, the information given in this form is correct.

I hereby apply for a renewal of my **CERTIFICATE OF PRACTICE**

Member’s Signature: **Date:**

8.0 NOT RENEWING

- I confirm that I will abide my continuing obligations under the regulations and guidelines issued or that may be issued by the Council of the Institute.
- I am aware that engaging in accountancy practice without a valid certificate of practice is an offence under Section 35 of the Accountants Act, 2013.
- Information on my alternative employment is contained in the enclosed separate sheet.
- I **do not** wish to renew my Certificate/Licence of Practice.

Member’s Signature: **Date:**.....

9.0 FOR ICPAU OFFICIAL USE ONLY

Payment Received By	Signature
Documents Received By	Signature
Reviewed by:	Signature
Approved:	Date:

Return your completed form together with the appropriate fees to:
The Secretary, Institute of Certified Public Accountants of Uganda,
42 Bukoto Street, Kololo, P.O. BOX 12464, KAMPALA, UGANDA