

# INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS OF UGANDA



## PRACTISING CERTIFICATE/LICENCE RE-APPLICATION - YEAR: 2012

(TO BE COMPLETED IN CAPITAL LETTERS)

*Promoting Professionalism in Accountancy*

<b>1.0 APPLICANT'S DETAILS</b>	
Surname:	
Other Names:	
Membership No:	Nationality:
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:

<b>2.0 FIRM DETAILS</b>	
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:	

<b>3.0 REASONS FOR NOT PRACTICING (Please answer the following questions relating to your re-application)</b>	
1. State the date when your practicing certificate was last renewed. .....	
2. State the reason(s) why you have not renewed your practicing certificate since the above date. ..... .....	
3. What have you been doing since the date when you last renewed your practicing certificate? .....	
4. How have you addressed the above circumstances that led you to go out of practice? ..... .....	
Member's Signature: .....	Date:.....
<i>NB: If you need more space, please attach your answers on a fresh paper.</i>	

<b>4.0 CONTINUITY AGREEMENT</b>
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):
4.1 Name of Alternate:
4.2 Name of Firm in which the Alternate practices:
4.3 Address of the Alternate:

**5.0 CONTINUING PROFESSIONAL DEVELOPMENT (CPD)**

In the period 1 January 2011 to 31 December 2011, I achieved a total number of:

Body/ Provider	No. of Hrs
a) ICPAU	.....
b) Other IFAC Member Body	.....
c) Other Organisation	.....
<b>Total Structured CPD Hours:</b>	<u>.....</u>
<b>Total Unstructured CPD Hours:</b>	<u>.....</u>
<b>TOTAL CPD HOURS</b>	<u>.....</u>

**6.0 FEES**

Annual Practising Fees (Full Member) Shs 700,000

Annual Practising Fees (Associate Member) Shs 700,000

I hereby enclose Shs ..... in respect of annual practice / license 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 No. 0140053463301, Stanbic Bank (U) Ltd, Forest Mall Branch, Lugogo, P.O. BOX 7131, Kampala).

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

**7.0 DOCUMENTS SUBMITTED**

I have enclosed the following documents:

- | Item  | Tick |
|---|------|
| 1. Photocopy of a current <i>Work Permit</i> in case you are a non-Ugandan citizen. |      |
| 2. Completed CPD return for period ended 31 December 2011.                          |      |
| 3. Firm's Letterhead.   |      |
| 4. Continuity of practice documents/agreements.                                     |      |
| 5. Professional indemnity insurance policy cover.                                   |      |

**8.0 DECLARATION**

*In signing this re-application for practising certificate/licence form I confirm that I will abide by all the regulations and/or guidelines that have been issued or will be issued by the Council of the Institute in regard to the regulation of public practice of accountancy. In particular, I confirm that I have read and have complied with the: Audit Practice Guidelines, Guidelines on Professional Fees, Audit Monitoring Guidelines and Guidelines on Continuing Professional Development.*

I also confirm that I am aware that, under Section 23 of the Accountants Act, Cap 266 of the Laws of Uganda, Council may refuse to renew the Certificate/Licence of Practice, if I am found not to be complying with generally accepted professional practice in accountancy. I confirm that to the best of my knowledge, the information given in this form is correct.

**Member's Signature:** ..... **Date:** .....

**9.0 FOR ICPAU OFFICIAL USE ONLY**

Payment Received By ..... Signature .....

Documents Received By ..... Signature .....

Approved: ..... Date: .....

Please 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.*