

INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS OF UGANDA



RENEWAL OF CERTIFICATE/LICENCE OF PRACTICE - YEAR: 2013

(TO BE COMPLETED IN CAPITAL LETTERS)

Promoting Professionalism in Accountancy

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| 1.0 APPLICANT'S DETAILS | |
| 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: |

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|--|---|
| 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: | |

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| 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: |

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| 4.0 CONTINUING PROFESSIONAL DEVELOPMENT (CPD) | |
| In the period 1 January 2012 to 31 December 2012, I achieved a total number of: | |
| Body/ Provider | No. of Hrs |
| a) ICPAU | |
| b) ICPAU Audit Practice Management Course* | |
| c) Other IFAC Member Body | |
| d) Other Organisation | |
| Total Structured CPD Hours: | |
| Total Unstructured CPD Hours: | |
| TOTAL CPD HOURS | |
| * All registered practitioners shall undertake the Practice Management Course at least once every three years. | |

5.0 FEES

Annual Practising Fees (Full Member) Shs 1,000,000

Annual Practising Fees (Associate Member) Shs 1,000,000

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.

6.0 DOCUMENTS SUBMITTED

I have enclosed the following documents:

| Item | Tick |
|---|------|
| 1. Photocopy of a current Work Permit in case you are a non-Ugandan citizen. | |
| 2. Completed CPD return for period ended 31 December 2012. | |
| 3. Completed Annual Return for the period ended 31 December 2012 | |
| 4. Firm’s Letterhead. | |
| 5. Continuity of practice documents/agreements. | |
| 6. Professional indemnity insurance policy cover. | |

7.0 NOT RENEWING

I do not wish to renew my practising certificate/licence of practice and confirm that I will abide by the continuing obligations under the regulations and/or guidelines issued or that may be issued by the Council of the Institute. I am aware that should I undertake any public practice without a valid practising certificate/ licence of practice, I may be required to answer a complaint before the Institute's Disciplinary and Ethics Committee. Information on my alternative employment is contained in the enclosed separate sheet.

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

8.0 DECLARATION

In signing this application for renewal of a Certificate/Licence of Practice:

- I confirm that I have read and will abide by all the applicable regulations, rules or guidelines issued by the Council of the Institute.
- I confirm that I am aware that the Council may refuse to renew the Certificate/Licence of Practice, if I am found not to be complying with the applicable quality control, auditing and assurance, review and related services pronouncements, rules, guidelines or regulations.
- I confirm that I comply with all the ethical requirements of the Institute.
- I confirm that I shall notify the Institute promptly of all changes in circumstances of the firm as required under all the Audit Practice Guidelines.
- I confirm that to the best of my knowledge, the information given in this form is correct.

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

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.*