

# INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS OF UGANDA



## RENEWAL OF CERTIFICATE/LICENCE OF PRACTICE YEAR: 2014

(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 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):
3.1 Name of Alternate:
3.2 Name of Firm in which the Alternate practices:
3.3 Address of the Alternate:

<b>4.0 CONTINUING PROFESSIONAL DEVELOPMENT (CPD)</b>	
In the period 1 January 2013 to 31 December 2013, I achieved a total number of:	
<b>Body/ Provider</b>	<b>No. of Hrs</b>
a) ICPAU	.....
b) ICPAU Audit Practice Management Course*	.....
c) Other IFAC Member Body	.....
d) 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>
* The ICPAU Audit Practice Guidelines require every registered practitioner to undertake the ICPAU 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 Katalamwa Cheshire Home.**

**6.0 DOCUMENTS SUBMITTED**

I have enclosed the following documents:

- | Item  | Tick |
|---|------|
| 1. Photocopy of a current <b>Work Permit</b> in case you are a non-Ugandan citizen. |      |
| 2. Completed CPD return for period ended 31 December 2013.                          |      |
| 3. Completed Annual Return for the period ended 31 December 2013.                   |      |
| 4. Firm’s Letterhead.   |      |
| 5. Continuity of practice documents/agreements.                                     |      |
| 6. Professional indemnity insurance policy.   |      |

Tick

**7.0 RENEWAL APPLICATION 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 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:** .....

**8.0 NOT RENEWING**

- I confirm that I will abide my 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.
- 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 .....

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