

INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS OF UGANDA



ANNUAL LICENSE FOR ACCOUNTING FIRMS

YEAR: 2018

(TO BE COMPLETED IN CAPITAL LETTERS)

1.0 FIRM DETAILS	
Firm Name:	
Nature of Practice <i>(Tick the appropriate)</i>	Sole Practitioner <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/>
Is this a new firm?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this a re- application?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give details on a separate sheet	

2.0 PRINCIPAL OFFICE *	
Physical address:	
Postal Address:	
Town/City	
Telephone (Office):	
Telephone (Mobile):	
Fax:	
E-mail:	
Firm's Website address	
* Principal office is the office to which ICPAU will send all communication to the firm.	

3.0 OTHER OFFICES	
Physical Address	
Postal Address	
Town/City	
Telephone (Office):	
Telephone (Mobile):	
E-mail:	

4.0 CONTINUITY OF PRACTICE	
If you are a sole practitioner, please give details of an alternate contact for the firm.	
Alternate's name	
Alternate's home address	
Alternate's email address	

5.0 PRACTICING ACCOUNTANTS					
Membership No	First Names	Surname	Date of Birth	Office Location	Title

6.0 INSPECTION	Yes	No
• Are the firm's office premises well maintained with a professional appearance?	<input type="checkbox"/>	<input type="checkbox"/>
• Are the firm's offices appropriately furnished and equipped?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the firm have sufficient human resources for its needs?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the firm have relevant technical literature?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the firm have documented quality control policies and procedures?	<input type="checkbox"/>	<input type="checkbox"/>
• Has the firm complied with the applicable legal and tax requirements?	<input type="checkbox"/>	<input type="checkbox"/>

5.0 FEES
 I hereby enclose Shs in respect of annual 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 No. 9030005648709, 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.

7.0 SIGNATURE AND CONFIRMATIONS

A. I certify that, to the best of my knowledge and belief, the information in, or provided with, this application is a true and accurate statement of the firm's circumstances.

B. If this application is approved, I also confirm that:

- This firm will comply with the Accountants Act, 2013 and the applicable regulations.
- This firm will not accept audit work or hold itself out as an accounting firm unless I have received confirmation in writing that the application has been successful.

NAME:

SIGNATURE: **DATE:**

8.0 FOR ICPAU OFFICIAL USE ONLY

Firm Number:

Payment Received By Signature

Documents Received By Signature

Inspected 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