



INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS OF UGANDA

RE-APPLICATION FOR REGISTRATION AS A PRACTICING ACCOUNTANT

YEAR: 2018

(TO BE COMPLETED IN CAPITAL LETTERS)

|   |              |
|---|--------------|
| <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<br>(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?<br>.....                                 |
| 2. State the reason(s) why you have not renewed your practicing certificate since the above date?<br>.....    |
| 3. What have you been doing since the date when you last renewed your practicing certificate?<br>.....        |
| 4. Have you addressed the above circumstances that led you to go out of practice?<br>.....<br>.....           |
| <i>N.B. If you need more space, please attach your answers on a fresh paper.</i>                              |

|   |
|---|
| <b>4.0 CONTINUITY AGREEMENT</b>   |
| <b>Continuity of practice arrangements</b> (You are required to provide continuity of practice details for the firm in which you are a sole practitioner or partner): |
| <b>3.1 Name of Alternate:</b>   |
| <b>3.2 Name of Firm in which the Alternate practices:</b>   |
| <b>3.3 Address of the Alternate:</b>  |

**5.0 CONTINUING PROFESSIONAL DEVELOPMENT (CPD)**

In the period 1 January 2017 to 31 December 2017, 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>      |

\* Every practicing accountant to undertake the ICPAU Practice Management Course at least once every three years.

**6.0 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 DOCUMENTS SUBMITTED**

I have enclosed the following documents:

| <b>Item</b>  | <b>Tick</b>              |
|--|--------------------------|
| 1. Photocopy of a current Work Permit in case you are a non-Ugandan citizen. | <input type="checkbox"/> |
| 2. Completed 2017 CPD return.  | <input type="checkbox"/> |
| 3. Completed 2017 Annual Practice Return.                                    | <input type="checkbox"/> |
| 4. Firm's Letterhead.  | <input type="checkbox"/> |
| 5. Continuity of Practice Documents/Agreements.                              | <input type="checkbox"/> |
| 6. Professional Indemnity Insurance Policy.                                  | <input type="checkbox"/> |
| 7. Up to date Curriculum Vitae   | <input type="checkbox"/> |

**8.0 RE- APPLICATION DECLARATION**

***In signing this re-application for registration as a practicing accountant, I confirm that:***

1. I am a fit and proper person to be registered as a practicing accountant.
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 register me as a practicing accountant, 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, 2013 and Anti-Money Laundering Regulations, 2015.
10. To the best of my knowledge, the information given in this form is correct.

I hereby re-apply for **REGISTRATION AS A PRACTICING ACCOUNTANT**

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

**9.0 FOR ICPAU OFFICIAL USE ONLY**

|                                      |                    |
|--------------------------------------|--------------------|
| Payment Received By .....            | Signature .....    |
| Documents Received By .....          | Signature .....    |
| Reviewed By .....                    | Signature .....    |
| Attendance of PMC confirmed By ..... | Signature .....    |
| <b>Approved:</b> .....               | <b>Date:</b> ..... |

**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**