

**INSTITUTE OF INCORPORATED PUBLIC ACCOUNTANTS**

**2 ABBEY MOAT HOUSE, ABBEY STREET,**

**NAAS, KILDARE**

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**WEBSITE: [www.iipa.ie](http://www.iipa.ie)**

**APPLICATION FORM / PRACTICING CERTIFICATE**

**1. Personal Details.**

Name \_\_\_\_\_ Membership No. \_\_\_\_\_

Business Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel:(Work) \_\_\_\_\_ (Home) \_\_\_\_\_

Fax:(Work) \_\_\_\_\_

**2. Business Details.**

Tick as appropriate

(a) in full time practice \_\_\_\_\_

(b) in part time practice \_\_\_\_\_

(c) When are you going to commence practice? \_\_\_\_\_

or

(d) When did you commence practice? \_\_\_\_\_

(e) List all names you are in practice with & qualifications:-

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**If you are a Registered Auditor with another Recognised Accounting Body, please supply a copy of your membership certificate, practice certificate and a copy of a letter of good standing dated within 21 days of the date of this application.**

**3. Office address of branches, if none state so:**

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Tel no. \_\_\_\_\_ Fax no. \_\_\_\_\_

**4. Professional Indemnity Insurance**

Have you Indemnity Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Trading Name of Firm: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Cover €: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Date Paid: \_\_\_\_\_

(Copy of Insurance Policy must accompany this application)

**5. Technical Standards.**

**Council recommendations that members obtain the following:-**

- Confirmation that you have a copy of the **Institutes Bye Laws & Memorandum & (available on website) Articles of Association.** Yes \_\_\_\_\_ No \_\_\_\_\_
- Confirmation that you have all of the **Accounting and Auditing Standards** available on the Institutes Website. Yes \_\_\_\_\_ No \_\_\_\_\_
- **IFAC** – The Institute has adopted the IFAC Code of Ethics for Professional Accountants, confirmation is required as to whether you have a copy and are familiar and agree to abide by this code. Yes \_\_\_\_\_ No \_\_\_\_\_
- **Auditor Independence Document** – Confirmation is required that you have the Auditor Independence Document in your possession and that you are familiar and abide by the condition set out therein. Yes \_\_\_\_\_ No \_\_\_\_\_

## **6. Monitoring of Members in Practice.**

You will note that it is the policy of the Institute to carry out regular monitoring reviews on its members in practice. Please confirm you will co-operate with the Monitoring Officer and abide by all recommendations / conditions made at the Monitoring Review.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## **7. Pre & Post Experience.**

Your pre and post qualification experience must also be confirmed by a letter from your Audit Manager or Senior Partner in the Firm. Please forward original letter of confirmation / certificate with your application.

## **8. Continuity of Practice.**

You must arrange for continuity of practice in the event of your death or incapacity to work, by entering into agreement with another Company or person. Please forward original letter confirming continuity of practice for the person nominated.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Qualifications: \_\_\_\_\_

## **9. Fees.**

The fees to be paid are €3,750, this is inclusive of Institute Membership, a Practising Certificate and all CPD seminars.

Any other relevant information which should be of benefit to support your application should be supplied as a separate note.

This document must be signed and dated confirming that the information given is true and correct in accordance therewith to the best of your knowledge. Please return the form fully Completed the the Institute for assessment.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Office Use: \_\_\_\_\_ Date Rec: \_\_\_\_\_

**Pre-Membership Experience**

Name of Company/ Practice	Manager of Practice	Dates	Classification of Work	Detail of Work	% Time Spent

**Post-Membership Experience**

Name of Company/ Practice	Manager of Practice	Dates	Classification of Work	Detail of Work	% Time Spent

**Questionnaire**

Name of Member: \_\_\_\_\_

Membership No: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No: \_\_\_\_\_

Title of Practice: \_\_\_\_\_

Address of Practice: \_\_\_\_\_

Please answer all of the following in relation to events in the current year:-

1. Is litigation pending in respect of your practice. If yes, please give full details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Has an adjudicated debt been registered against you in this period.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Are all of your personal and practice taxes up to date as at today's date.  
If not, please give details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.(a) Is there any matters / complaints pending in respect of your practice that may give rise to a complaint to the Institute.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.(b) Have there been any complaints against you or the practice you have been employed in for the past five years. If yes give details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Are there any changes to your practice:-

- (a) Style (Sole trader / Partnership
- (b) Amalgamation
- (c) Continuity of practice nominee
- (d) Practice address

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6. Professional Indemnity Insurance: Name of Insurance Company and renewal date.

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7. In respect to CPD courses run by the Institute please indicate why all seminars were not attended ( if applicable ). Please deal with each non-attendance date.

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8. Are there any matters other than above which may have a bearing on the renewal of Practising Certificate.

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Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Practice Style: \_\_\_\_\_

Date: \_\_\_\_\_

\*If insufficient space for any section, please continue on separate sheet.