



(Reg.10 (1))

APPLICATION FOR REGISTRATION AS A CERTIFIED AUDITOR

SECTION1: PERSONAL INFORMATION

Surname

Forenames

Mailing Address

E-Mail Address

Date of Admission as BIA Member

Membership Number

SECTION 2: CONDITIONS FOR ISSUE

An application for a practicing certificate must comply with the following conditions:

1. I undertake not to practice without adequate professional indemnity insurance, details of which are herewith attached.
2. I undertake to have regard to the International Guidelines and Statement of Guidance on Ethics as approved by the Council of IFAC and as endorsed by the Council of the Institute.
3. I acknowledge my duty to the public to ensure that the quality of my knowledge and service is maintained after qualification. I therefore, accept my responsibility to undertake adequate Continuing Professional Development as recommended by the Council of the Institute from time to time.
4. I undertake to be mindful of the need to make arrangements for the continuity of the practice in the event of my death or incapacity, details of which are herewith attached.



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SECTION 3: EXPERIENCE

An applicant should complete ***EITHER*** option 1 ***OR*** option 2.

OPTION 1

Full particulars of my appropriate accountancy experience for the issue of a certified Auditors certificate, which comply with the Rules and Regulation of the Institute, are included with my application.

- a) My appropriate accountancy experience was obtained in the office of a Public Accountant under the supervision of:

Name and Professional Qualification(s)

Name of Firm

Mailing Address of Firm

Telephone Fax E-mail

- b) I have no objection to the Institute seeking direct confirmation of my accountancy experience from the person/firm enumerated in 1 (a) above. **YES** **NO**

OPTION 2

I attach evidence of being a fully paid-up practicing member in good standing of Following Professional Accountancy bodies:

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.....

SECTION 4: PRACTISING DETAILS

- 1. Date you intend to commence practicing under Accountants Act, 2010
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- 2. (a) Intends to practice:
 - As a sole practitioner **YES** **NO**
 - As a partner **YES** **NO**

- (b) Intend to be:
 - In full practice **YES** **NO**
 - In spare time practice **YES** **NO**



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- 3. Title of Firm
- Principal place of business
- Mailing address of Firm
- Telephone Fax E-mail
- Other places of business

- 4. Partners: If you are not a sole practitioner, please indicate the name(s) of **all** your partners (**including yourself**) with their designatory letters. (Please use **BLOCK CAPITALS**)
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SECTION 5: JOB CATEGORY

Which one of the categories listed below best describes your work?

- General Practicing Services **YES** **NO**
- or specializing in:
- Auditing **YES** **NO**
- Insolvency **YES** **NO**
- Taxation **YES** **NO**
- Management Consultancy **YES** **NO**
- Information Technology **YES** **NO**

Other (please specify)

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SECTION 6: REMITTANCES

I enclose my cheque in the amount of P_____ in respect of the annual/subscription payable for 20_____.

NOTE:

Where after the day of January in any year, a member commences to practice, in consequence of which an increase becomes due in the amount of the subscription applicable to him or her, he or she shall immediately pay for that year the subscription becoming payable or, as the case may be, the additional subscription necessary to increase his or her subscription to the amount payable by him or her. Where any member commences to practice after the last day of June in any year, he or she shall not be liable to pay more than one year annual subscription or additional subscription payable by him or her for that year.

SECTION 7: DECLARATION

I hereby declare that the above particulars are correct.

Date SignatureI