



INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS OF KENYA

The Accountants Act No.15 of 2008

APPLICATION FOR INCLUSION IN THE LIST OF AUDITORS FOR THE YEAR 2015

*This form should be completed by every holder of a practicing certificate who is an Accountant in Practice and wishes to continue as such in the year 2015. **If you do NOT wish to practice in year 2015 please complete personal details in SECTION 1 and SECTION 4 ONLY.** Completed forms should be returned to the Chairman, Registration & Quality Assurance Committee via P.O. Box 59963-00200 Nairobi or memberservices@icpak.com, on or before 30th November 2014.*

SECTION 1 (A): PERSONAL DETAILS

Registration No
Member Name
Practising No
Postal address (current)
Postal Address (permanent)
Physical address
Email Address (personal)
Email Address (official)
Telephone
Mobile
PIN (KRA)
Home County
Branch ¹

Name & Style of Practisese:

Sole

Partnership

¹ This refers to ICPAK Branch for which you are affiliated and is aimed at strengthening engagement with devolved governments. The Institute currently has 9 branches – Coast, Central Rift, North Rift, South Rift, Mt. Kenya, Nyanza, Western Branch, Eastern and North Eastern. For more information www.icpak.com

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SECTION 1 (B): FIRM DETAILS

I hereby make an application for inclusion in the list of audit firms for year 2015 and declare that the following are the details of my/our firm:-

Firm Name (<i>Full name as entered on the practising certificate</i>)
Firm's Registration Number
Date of Registration
PIN (if different from personal)
Physical address (Principal Place of Business/Location of the Firm's head office)
Postal Address
Email Address
Telephone
Website
Fax

Locations of all branches (if any) and Person(s) in charge and their qualifications and membership status with professional associations if any:

(a) Branch 1:

Physical address
Postal Address
Email Address
Telephone
Website
Fax
<i>Branch Management</i>
Name of Person in Charge:
Registration No ²
Practising No (If applicable)

² A person in charge of a branch must be a CPA.

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<i>Email Address:</i>
<i>Telephone (Office):</i>
<i>Telephone (Mobile):</i>
<i>(Include all other branches on an extra attachment)</i>

SECTION 1 (C): PARTNERS (if partnership)

Name of Partner	Reg. No	P. No	PIN	Year of Admission³

(All partnership deeds must be lodged with the Institute)

SECTION 1 (D): OTHER FIRM INFORMATION

1. Total number of staff involved in the provision of audit and assurance services including the Partners or Partner for sole proprietorship

- <10
- 11 – 20
- 21 – 30
- 31 – 40
- >50

*Please list the names of your audit staff members if less than 10. If you have more **than 10** members of staff, please list the **KEY** audit staff -*

³ Refers to when the firm admitted the member into partnership.

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<i>Name</i>	<i>Professional qualifications</i>	<i>No. of years with the firm</i>	<i>Designation</i>

2. Annual audit fees billed by the firm (in KShs)

- <1 Million
- 1-5 Million
- 5 -20 Million
- 20-50 Million
- 50 – 100 Million
- > 100 Million

3. Proportion of Annual audit fees billed by the firm to total billings (in KShs)

- 0-20%
- 21 – 40%
- 41 – 60%
- 61 – 80%
- 81 – 100%

4. Is the Partner(s) in full time or part time practice?

- Full time
- Part time

5. If the partners are in part time practice, what is the percentage of time spent providing audit and assurance services as a percentage of total time spent providing all services?

6. What percentage do the five largest audit clients of the firm constitute as a proportion of the total audit fees billed by the firm annually?

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7. A breakdown of the firms audit clients into the various sectors and the number of clients in each of these sectors:

Sector	Number of clients in the sector
a. Banks and Building Societies
b. Insurance Companies
c. Listed clients
d. Savings & Credit Cooperative Organisations
e. Retirement benefit schemes and pension funds
f. Private Limited Companies
g. NGOs
h. State owned entities
i. Others (Please specify)

8. Has your firm been subjected to Audit Quality Review by ICPAK?

- Yes
- No

If yes, when was the firm reviewed: Date:

Has the final report been issued to you and if yes, when is the next review due?

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If your firm has not been reviewed, please select the quarter when you want your firm to be reviewed in year 2015? ⁴

- January to March
- April to June
- July to September
- October to December

⁴ The quarter selected for quality review is aimed at planning and the committee reserves the right to vary the review period. Should this be the case, the partners will be notified accordingly and sufficient notice provided. Audit Quality Reviews for firms is mandatory at least after every three years, subject to nature of report issued during the last review.

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SECTION 2: CONDITIONS FOR RENEWAL OF PRACTICING CERTIFICATES

All applicants for Annual Practising Licenses MUST comply with the following requirements. If the answer of any of the affirmations below is NO, please give reasons.

	Yes	No	Comment
<p>1. I have made arrangements for the continuity of the practice in the event of my leaving Kenya, death or incapacity. <i>(Please give full name and address of person/firm responsible in (b) below);</i></p> <p style="padding-left: 40px;">a) In the Partnership agreement (please attach a copy of the agreement)</p> <p style="padding-left: 40px;">b) By entering into agreement with the following firm of practicing Accountants. <i>(Attach copy of the agreement)</i></p> <p style="padding-left: 40px;">.....</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>2. I undertake to abide by audit quality review requirements and agree that my firm be subject to review as per the audit quality review framework; and provide any information either in soft or hard form that the reviewers will need for the purpose of the review</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>3. I have read and will have regard to the Professional Independence statement detailed in the guide to Professional Ethics issued by the Council of ICPAK <i>(provide a link to the code of ethics for professional accountants)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>4. I acknowledge my duty to the public to ensure that my knowledge and service is maintained after qualification. I therefore accept my responsibility to undertake Continuing Professional Development (CPD)⁵</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>5. I will be mindful of my potential liability in respect of claims for breach of professional duty and will obtain adequate Professional Indemnity Insurance.<i>(Attach a copy of the insurance cover)</i>⁶</p>	<input type="checkbox"/>	<input type="checkbox"/>	

⁵ The Institute CPD policy require members to attain a minimum of 40 CPD hours (25 structured hours and 15 unstructured hours in the preceding calendar year or a rolling average over a three year period of 40 hours.

⁶ Where a firm takes up a group indemnity cover, provide copy of the same.

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	Yes	No	Comment
6. I shall comply with all the provisions of anti money laundering and report any suspicious activities to the Institute which is listed as a supervisory body under the POCAMLA 2009. ⁷	<input type="checkbox"/>	<input type="checkbox"/>	
7. I shall collect my annual practising license for the year 2015 and will always display it at my premises of practice ⁸	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION 3: PRACTISING CATEGORY

1. Which **ONE/S** of the job categories listed below best describes your work.

- a) Audit
- b) Management consultancy
- c) Taxation
- d) Information technology
- e) Insolvency
- f) Other (Please specify)

2. Are you a member of any other Professional body apart from ICPAK? Yes No

If yes, state the name professional body and your membership No

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What is your membership status?

Active Retired De-registered

3. I enclose a cheque of Kenya shillings twenty thousand⁹ (KShs. 20,000) in payment of annual practicing fees for year 2015 which I fully understand is not refundable.

SECTION 4: MEMBERS NOT RENEWING PRACTICING LICENSES

I do not wish to renew my year 2015 Annual Practicing License which expires on 31st December, 2014. I hereby advise the Institute to omit my name in the list of Accountants in Practise for year 2015.

⁷ The proceeds of crime and anti money laundering Act, 2009 designates professional accountants as reporting institutions and therefore are required to comply with the provisions of the Act when they perform certain transactions.

⁸ It is now mandatory for all practising members to collect their annual certificates and display an original copy at all their business premises.

⁹ Retired practising members (members aged over 60 years) pay Kenya Shillings three thousand, seven hundred and fifty (KShs 3,750).

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I enclose a cheque of Kenya shillings twenty thousand¹⁰ (KShs. 20,000) being payment for my annual practising status for the year 2015 2014 which I fully understand is not refundable¹¹.

I am aware that under Section 18 (2) of the Accountants Act No. 15 of 2008, if I practice without an Annual Practising License, I shall be guilty of an offence carrying a fine not exceeding KShs. 100,000/= or imprisonment for a period not exceeding 3 years or both.

The reason as to why I do not intend to practice in year 2014 is; *(Tick where applicable)*

- Am in full time employment
- Medical Grounds
- Am currently out of the country
- Any other (specify)

DECLARATION

I hereby solemnly declare that the foregoing information is true to the best of my knowledge. I acknowledge that any statement contained anywhere in this application which is known to be false shall invalidate this application and any decision reached thereon by the Committee. I have read the Accountants Act, and I am aware of the penalties stipulated in connection with the provision of misleading information.

I further commit to fulfil any requirements set by the Institute of Certified Public Accountants of Kenya (ICPAK) relating to Professional Standards, Continuing Professional Development (CPD), Audit Quality Review, Professional Indemnity for Practicing Accountants and any other professional pronouncements that are in force or may be introduced in the future.

SIGNATURE:.....

DATE.....:

SECTION 5: COMPLIANCE CHECK

- CPD
- No outstanding amount due to ICPAK
- No disciplinary issues
- Professional Indemnity
- Anti Money Laundering

¹⁰ Retired practising members (members aged over 60 years) pay Kenya Shillings three thousand, seven hundred and fifty (KShs 3,750).

¹¹ The declaration that a practising member will not be practising in a year does not exempt a member from paying annual practising fees. For one to be exempted from paying the member must return the practising certificate to the Institute and their status changed from practising members to ordinary members. For more information, please contact esther.mwangi@icpak.com.

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FOR OFFICIAL USE

		Comment
Application No-----	Date Received-----	
Receipt No-----	Date-----	
Annual license No.-----	Date Acknowledged-----	
License Collected/Dispatched -----	License acknowledged-----	
Compliance Manager -----	Date -----	
DPS -----	Date -----	
Data Verifiation: -----	Date -----	

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