

Please attach 2 current passport photos of yourself certified as true likeness of the applicant

**THE ACCOUNTANTS ACT**  
*No.15 of 2008*

**INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS OF KENYA**

**APPLICATION FOR GRANT OF A PRACTISING CERTIFICATE**

Applications to be addressed to:

The Chairman  
Registration and Quality Assurance Committee  
Institute of Certified Public Accountants of Kenya  
P.O. Box 59963 00200  
NAIROBI

**SECTION A**

1) Surname (Mr  Mrs.  Miss.  Ms  Dr  Prof. )-----  
**(Block Letters)**

2) Other Names-----  
**(Block Letters)**

3) Registration Number-----Date of Registration-----

*Provide copy of the registration certificate from ICPAK. The copy should be certified as being a true copy of the original by an advocate of the High Court of Kenya to whom the applicant is known.*

4) I enclose a cheque/Bankers Cheque of **Kshs. 10,000 (for Kenyans) or Kshs. 15,000 for non Kenyans)** in payment of application fees which I understand is not refundable.

*Cheques should be made payable to the Institute of Certified Public Accountants of Kenya (ICPAK). Payment may also be made to the following account; Barclays Bank of Kenya, Moi Avenue branch, A/c 1597134. Where payment has been made through the bank, the applicant is required to present the banking slip with his/her application.*





7. Names and contact of Partners under whom you served in No.6 above.

Name of Partner	Firm Name	Registration number of the partners	Period	
			From	To

*Provide statements from the two (2) referees named above detailing their knowledge of you the applicant, particularly as relates to integrity.*

**SECTION B**

8. I, -----hereby apply for the grant of a Practising Certificate under the provisions of the Accountants Act No.15 of 2008. The details of my practice are as provided below;

8.1 Name or Style of Practice-----

8.2 Main Address at which Practice is located / is to be located:

Physical location-----

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Town/District -----

Mail Address-----

Telephone No-----

Telefax No-----

Email Address-----

Contact Partner-----

8.3 Branch Offices:

Physical Location

Town/District

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9. Names and contacts of existing Partners, their Registration and Practicing Certificate numbers.

Name	Registration No	Practicing Cert. No.	Residential Status

10. State whether the Practice will be  Full time  Part time
11. If part time, give approximate proportion of working time to be spent in practice (in percentage terms)  less than 20%  20-50%  over 50%
12. Does (will) the firm provide other related professional accountancy services apart from auditing and assurance services?  Yes  No
13. If the answer to No.12 is yes, list the other services planned to be offered

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15. Date planned for Practice to commence-----

*Non-Kenyans should enclose a copy of a valid work permit also certified by the same advocate who certifies the applicant's other documents.*

16. Declaration

16.1. 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 to be false shall invalidate this application and any decision reached thereon by the Board. I have read the Accountants Act, and

I am aware of the penalties stipulated in connection with the provision of misleading information.

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

Applicants Signature-----Date-----

**FOR OFFICIAL USE ONLY**

Practicing File No-----	Registration No-----
Date Received-----	Gazette Notice No.-----
Receipt No-----Date-----	Date Acknowledged-----
Member standing status	In good standing <input type="checkbox"/> Not in good standing <input type="checkbox"/>
Approved/Rejected Minute No-----	Deferred Minute No-----
R& QAC Chairman's Signature-----	Date-----
Date Notification Sent-----	