

# INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS OF UGANDA

## APPLICATION FOR CERTIFICATE OF PRACTICE YEAR: 2014



Affix your passport size photograph here

Promoting Professionalism in Accountancy

(TO BE COMPLETED IN CAPITAL LETTERS)

<b>1.</b>	<b>PERSONAL INFORMATION:</b>
	Surname:
	Other Names
	Membership No: <span style="float: right;">Date Admitted:</span>
	Gender: Male: <input type="checkbox"/> Female: <input type="checkbox"/> <i>(Tick the appropriate)</i>
	Nationality: <span style="float: right;">Date Of Birth:</span>
	Practice As: A Certified Public Accountant <input type="checkbox"/> An Associate Accountant <input type="checkbox"/> <i>(Tick the appropriate)</i>
	Permanent Address:
	Tel: <span style="float: right;">E-Mail:</span>

<b>2.</b>	<b>AUDITING AND PRACTICE MANAGEMENT EXPERIENCE</b>			
	<i>The ICPAU Audit Practice Guidelines require an applicant for a certificate of practice to attend the ICPAU Practice Management Course (PMC). The Guidelines also require each applicant to obtain at least three years of relevant auditing experience. Please provide information on your auditing experience.</i>			
	Position Held (Beginning with the most recent)	Name of Firm/Organisation	From MM/YY	To MM/YY
	1			
	2			
	3			
	4			
	5			

**Note:** The ICPAU Practice Management Course (PMC) is mandatory for all new applicants for practicing certificates.

<b>3.</b>	<b>FIRM DETAILS:</b>	
	a. Are you setting up your own practice?	
	b. Are you joining an existing practice?	
	c. Have you been promoted to be a partner in a current firm?	
	Nature of Practice: <i>(Tick the appropriate)</i>	Partnership <input type="checkbox"/> Sole Practitioner <input type="checkbox"/>
	Firm Name:	
	Firm Partners:	
	1.	5.
	2.	6.
	3.	7.
	4.	8.

4.	<b>FIRM CONTACT INFORMATION:</b>	
	<i>The firm's office premises will be inspected prior to issuance of a practicing certificate.</i>	
	Physical address:	
	Postal Address:	
	Town/City	
	Telephone (Office):	
	Telephone (Mobile):	
	Fax:	
E-mail:		

5.	<b>DOCUMENTS SUBMITTED:</b>	
	<b>Item</b>	<b>Tick</b>
	1. Passport Size Photograph.	
	2. Photocopy of Certificate of Registration of Business Name.	
	3. Photocopy of Statement of Particulars, filed with the Uganda Registration Services Bureau.	
	4. Partnership Deed in case of a Partnership.	
	5. Professional indemnity insurance policy cover.	
	6. Firm's Letterhead.	
	7. Up-to-date Curriculum Vitae (CV).	
	8. Copy of Letter of Registration with the Auditor General.	
	9. Photocopy of a current <b>Work Permit</b> in case you are a non-Ugandan citizen.	
	10. Completed CPD return for period ended 31 December 2013.	
	11. Continuity of Practice Arrangements.	
	12. Letter of no-objection from current employer (for part-time practitioners).	
	13. Completed Self-assessment questionnaire.	

6. **FEES:**  
 I hereby enclose Shs ..... in respect of practicing 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. 0140053463301, Stanbic Bank (U) Ltd. Corporate Branch.*)  
**Council recommends a minimum contribution of 50,000/= for charity for Katalemwa Cheshire Home.**

7. **DECLARATIONS:**

7.1 In signing this application for a Certificate of Practice:

- I confirm that I have read and will abide by all the applicable regulations, rules or guidelines issued by the Council of the Institute.
- I confirm that I am aware that the Council may refuse to renew the Certificate of Practice, if I am found not to be complying with the applicable quality control, auditing and assurance, review and related services pronouncements, rules, guidelines or regulations.
- I confirm that I comply with all the ethical requirements of the Institute.
- I confirm that I shall notify the Institute promptly of all changes in circumstances of the firm as required under all the Audit Practice Guidelines.
- I confirm that to the best of my knowledge, the information given in this form is correct.

7.2 I promise to notify ICPAU, in writing, of all changes in my address and my firm's details.  
 7.3 I undertake to abide by the Code of Ethics issued by the Council of the Institute.  
 7.4 I confirm that, to the best of my knowledge, the information given in this form is correct.  
 7.5 CPD hours: During the period 1 January 2013 to 31 December 2013, I achieved a total number of ..... hours of **Structured** course attendance and a total of ..... hours of **Unstructured** CPD.

I hereby apply for a **CERTIFICATE OF PRACTICE/LICENCE** for the year .....

**Signature:** ..... **Date:** .....

8. **FOR ICPAU OFFICIAL USE ONLY**

Payment Received By .....	Signature .....
Documents Received By .....	Signature .....
Inspection By .....	Signature .....
Attendance of PMC confirmed By .....	Signature .....
Approved by Council on .....	Signature .....

Fully completed form should be returned to:  
 The Secretary, ICPAU, 42 Bukoto Street, Kololo, P. O. BOX 12464, KAMPALA.