

INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS OF UGANDA



RE-APPLICATION FOR A CERTIFICATE/LICENCE OF PRACTICE- YEAR: 2014

(TO BE COMPLETED IN CAPITAL LETTERS)

Promoting Professionalism in Accountancy

1.0 APPLICANT'S DETAILS	
Surname:	
Other Names:	
Membership No:	Nationality:
Gender: Male: <input type="checkbox"/> Female: <input type="checkbox"/> (Tick the appropriate)	
Practice As: A Certified Public Accountant <input type="checkbox"/> An Associate Accountant <input type="checkbox"/> (Tick the appropriate)	
Permanent Address:	
Tel:	E-Mail:

2.0 FIRM DETAILS	
Firm Name:
Nature of Practice (Tick the appropriate)	Partnership <input type="checkbox"/> Sole Practitioner <input type="checkbox"/>
Physical address:
Postal Address:
Town/City
Telephone (Office):
Telephone (Mobile):
Fax:
E-mail:

3.0 REASONS FOR NOT PRACTICING (Please answer the following questions relating to your re-application)
1. State the date when your practicing certificate was last renewed.
2. State the reason(s) why you have not renewed your practicing certificate since the above date.
3. What have you been doing since the date when you last renewed your practicing certificate?
4. How have you addressed the above circumstances that led you to go out of practice?
Member's Signature: Date:.....
<i>NB: If you need more space, please attach your answers on a fresh paper.</i>

4.0 CONTINUITY AGREEMENT
Continuity of practice arrangements (You are required to provide continuity of practice details for the firm in which you are a sole practitioner or partner):
4.1 Name of Alternate:
4.2 Name of Firm in which the Alternate practices:
4.3 Address of the Alternate:

5.0 CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

In the period 1 January 2013 to 31 December 2013, I achieved a total number of:

Body/ Provider	No. of Hrs
a) ICPAU CPD Programme
b) Other IFAC Member Body
c) Other Organisation
Total Structured CPD Hours:	<u>.....</u>
Total Unstructured CPD Hours:	<u>.....</u>
TOTAL CPD HOURS	<u>.....</u>

Note: The Audit Practice Guidelines require applicants for a certificate of practice to undertake the ICPAU Practice Management Course.

6.0 FEES

Annual Practising Fees (Full Member) Shs 1,000,000

Annual Practising Fees (Associate Member) Shs 1,000,000

I hereby enclose Shs in respect of annual practice / license 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, Forest Mall Branch, Lugogo, P.O. BOX 7131, Kampala).

Council recommends a minimum contribution of Shs. 50,000 for charity for Katalemwa Cheshire Home.

7.0 DOCUMENTS SUBMITTED

I have enclosed the following documents:

- | Item | Tick |
|---|------|
| 1. Photocopy of a current <i>Work Permit</i> in case you are a non-Ugandan citizen. | |
| 2. Completed CPD return for period ended 31 December 2013. | |
| 3. Completed Annual Return for the period ended 31 December 2013 | |
| 4. Firm's Letterhead. | |
| 5. Continuity of practice documents/agreements. | |
| 6. Professional indemnity insurance policy cover. | |
| 7. Up to date Curriculum Vitae. | |

8.0 DECLARATION

In signing this re-application for a certificate/licence of practice form:

- I confirm that I have read and will abide by all the applicable regulations, rules and 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.

Member's Signature: **Date:**

9.0 FOR ICPAU OFFICIAL USE ONLY

Payment Received By Signature

Documents Received By Signature

Inspection By Signature

Attendance of PMC confirmed By Signature

Approved: Date:

Please return your completed form together with the appropriate fees to:
The Secretary, Institute of Certified Public Accountants of Uganda,
42 Bukoto Street, Kololo
P.O. BOX 12464, KAMPALA, UGANDA.