

INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS OF UGANDA



RENEWAL OF 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 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):
3.1 Name of Alternate:
3.2 Name of Firm in which the Alternate practices:
3.3 Address of the Alternate:

4.0 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
b) ICPAU Audit Practice Management Course*
c) Other IFAC Member Body
d) Other Organisation
Total Structured CPD Hours:	<u>.....</u>
Total Unstructured CPD Hours:	<u>.....</u>
TOTAL CPD HOURS	<u>.....</u>
* The ICPAU Audit Practice Guidelines require every registered practitioner to undertake the ICPAU Practice Management Course at least once every three years.	

5.0 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 Katalamwa Cheshire Home.

6.0 DOCUMENTS SUBMITTED

I have enclosed the following documents:

- | Item | Tick |
|---|--------------------------|
| 1. Photocopy of a current Work Permit in case you are a non-Ugandan citizen. | <input type="checkbox"/> |
| 2. Completed CPD return for period ended 31 December 2013. | <input type="checkbox"/> |
| 3. Completed Annual Return for the period ended 31 December 2013. | <input type="checkbox"/> |
| 4. Firm’s Letterhead. | <input type="checkbox"/> |
| 5. Continuity of practice documents/agreements. | <input type="checkbox"/> |
| 6. Professional indemnity insurance policy. | <input type="checkbox"/> |

7.0 RENEWAL APPLICATION DECLARATION

In signing this application for renewal of a Certificate/Licence 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/Licence 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 the Audit Practice Guidelines.
- I confirm that to the best of my knowledge, the information given in this form is correct.

I hereby apply for a renewal of my **CERTIFICATE/LICENCE OF PRACTICE**

Member’s Signature: **Date:**

8.0 NOT RENEWING

- I confirm that I will abide my continuing obligations under the regulations and/or guidelines issued or that may be issued by the Council of the Institute.
- I am aware that should I undertake any public practice without a valid practising certificate/ licence of practice, I may be required to answer a complaint before the Institute’s Disciplinary and Ethics Committee.
- Information on my alternative employment is contained in the enclosed separate sheet.
- I **do not** wish to renew my Certificate/Licence of Practice.

Member’s Signature: **Date:**.....

9.0 FOR ICPAU OFFICIAL USE ONLY

Payment Received By Signature

Documents Received By Signature

Approved: Date:

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