

# INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS OF UGANDA

## APPLICATION FOR REGISTRATION AS A PRACTICING ACCOUNTANT

YEAR: 2018



Affix your passport size photograph here

(TO BE COMPLETED IN CAPITAL LETTERS)

<b>1.0 APPLICANT'S DETAILS</b>	
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:

<b>2.0 RELEVANT PRACTICAL EXPERIENCE</b>			
<i>Sec 27(3) of the Accountants Act, 2013 requires each applicant to obtain the relevant practical experience. Each applicant is required to attend the ICPAU Practice Management Course (PMC) and to obtain at least three years of relevant auditing experience. Please provide information on your auditing and accountancy practice experience.</i>			
Position Held (Beginning with the most recent)	Name of Firm/Organisation	From MM/YY	To MM/YY
1.			
2.			
3.			
4.			
5.			
<i>Note: Attendance of the ICPAU Practice Management Course (PMC) is mandatory for all new applicants</i>			

<b>3.0 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?	
Firm Name:	
Nature of Practice (Tick the appropriate)	Sole Practitioner <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/>
<b>Firm Partners</b>	
1.	5.
2.	6.
3.	7.
4.	8.

4.0 FIRM CONTACT INFORMATION	
Physical address:	
Postal Address:	
Town/City	
Telephone (Office):	
Telephone (Mobile):	
Fax:	
E-mail:	

5.0 DOCUMENTS SUBMITTED		
	Item	Tick
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.	Completed 2017 CPD return.	
7.	Completed Self-Assessment Questionnaire.	
8.	Firm's Letterhead.	
9.	Up-to-date Curriculum Vitae (CV).	
10.	Evidence of relevant practical experience obtained.	
11.	Continuity of Practice Arrangements.	
12.	Letter of No-Objection from Current Employer (for part-time practitioners).	
13.	Photocopy of a current <i>Work Permit</i> (in case you are a non-Ugandan).	

**6.0 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. 9030005648709, Stanbic Bank (U) Ltd, Forest Mall Branch, Rotary Avenue, P.O. BOX 7131, Kampala).  
**Council recommends a minimum contribution of Shs. 50,000 for charity for Katalemwa Cheshire Home.**

**7.0 DECLARATION**

In signing this application for registration as a practicing accountant, I confirm that:

- I am a fit and proper person to hold a certificate of practice.
- I have read and will comply with the Accountants Act, 2013 and all the applicable regulations, rules or guidelines.
- 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 professional standards, rules, guidelines or regulations.
- I comply with all the ethical requirements of the Institute.
- I shall notify the Institute promptly of all changes in circumstances of the firm.
- I have met my Continuing Professional Development requirement and other training requirements set by the Council.
- I have met my professional indemnity insurance requirements.
- I have met the competency requirements for the areas of work that I will undertake.
- I have read and will comply with the provisions of the Anti-Money Laundering Act, 2013 and Anti-Money Laundering Regulations, 2015
- To the best of my knowledge, the information given in this form is correct.

I hereby apply for **REGISTRATION AS A PRACTICING ACCOUNTANT**

**Member's Signature:** ..... **Date:** .....

**8.0 FOR ICPAU OFFICIAL USE ONLY**

Payment Received By ..... Signature .....

Documents Received By ..... Signature .....

Attendance of PMC confirmed By ..... Signature .....

Reviewed by: ..... Signature .....

**Approved by the Council:** ..... **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**