



**INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS OF UGANDA**  
**RE-APPLICATION FOR REGISTRATION AS**  
**A PRACTICING ACCOUNTANT**  
**YEAR: 2019**

(TO BE COMPLETED IN CAPITAL LETTERS)

<b>1.0 APPLICANT'S DETAILS</b>		
Surname:		
Other Names:		
Membership No:	Nationality:	Date of Birth:
Tax identification number:	National identification Number:	
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 FIRM DETAILS</b>	
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:	

<b>3.0 REASONS FOR NOT PRACTICING (Please answer the following questions relating to your re-application)</b>
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. Have you addressed the above circumstances that led you to go out of practice? ..... .....
<i>N.B. If you need more space, please attach your answers on a fresh paper.</i>

<b>4.0 CONTINUITY AGREEMENT</b>
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:

**5.0 CONTINUING PROFESSIONAL DEVELOPMENT (CPD)**

In the period 1 January 2018 to 31 December 2018, 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	.....
<b>Total Structured CPD Hours:</b>	.....
<b>Total Unstructured CPD Hours:</b>	.....
<b>TOTAL CPD HOURS</b>	.....

\* Every practicing accountant to undertake the ICPAU Practice Management Course at least once every three years.

**6.0 FEES**

I hereby enclose Shs ..... in respect of annual practice 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 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.	
2. Copy of National Identity card	
3. Completed CPD return and form for period ended 31 December 2018	
4. Completed Annual Practice Return for the period ended 31 December 2018.	
5. Firm's Letterhead.	
6. Continuity of Practice Documents/Agreements.	
7. Professional Indemnity Insurance Policy.	
8. Up to date Curriculum Vitae	

**8.0 RE- APPLICATION DECLARATION**

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

- I am a fit and proper person to be registered as a practicing accountant.
- 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 register me as a practicing accountant, 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 and regulations made under this Act.
- To the best of my knowledge, the information given in this form is correct.

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

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

**9.0 FOR ICPAU OFFICIAL USE ONLY**

Payment Received By .....	Signature .....
Documents Received By .....	Signature .....
Reviewed By .....	Signature .....
Attendance of PMC confirmed By .....	Signature .....
<b>Approved:</b> .....	<b>Date:</b> .....

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**