

INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS OF UGANDA



RENEWAL OF CERTIFICATE OF PRACTICE YEAR: 2020

(TO BE COMPLETED IN CAPITAL LETTERS)

Promoting Professionalism in Accountancy

1.0 APPLICANT'S DETAILS		
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:	

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 2019 to 31 December 2019, I achieved a total number of:	
Body/ Provider	No. of Hrs
a) ICPAU
b) ICPAU Practice Management Course*
c) Other IFAC Member Body
d) Other Organisation
Total Structured CPD Hours:
Total Unstructured CPD Hours:
TOTAL CPD HOURS
* ICPAU requires every registered practising accountant to undertake the ICPAU Practice Management Course at least once every three years.	

5.0 FEES

I hereby enclose Shs in respect of 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 No9030005648709, 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.

6.0 DOCUMENTS SUBMITTED

I have enclosed the following documents:

- | Item | Tick |
|---|------|
| 1. Photocopy of the National Identity card | |
| 2. Photocopy of a current <i>Work Permit</i> in case you are a non-Ugandan citizen. | |
| 3. Completed CPD return and form for period ended 31 December 2019. | |
| 4. Completed Annual Return for the period ended 31 December 2019. | |
| 5. Firm's Letterhead. | |
| 6. Continuity of practice documents/agreements. | |
| 7. Professional indemnity insurance policy. | |

7.0 RENEWAL APPLICATION DECLARATION

In signing this application for renewal of a Certificate of Practice, 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 and regulations made under this Act.
- To the best of my knowledge, the information given in this form is correct.

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

Member's Signature: **Date:**

8.0 NOT RENEWING

- I confirm that I will abide my continuing obligations under the regulations and guidelines issued or that may be issued by the Council of the Institute.
- I am aware that engaging in accountancy practice without a valid certificate of practice is an offence under Section 35 of the Accountants Act, 2013.
- 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

Reviewed 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