



Please fill in your Institute ID number, if known (please use a BLACK pen)

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Please complete **ALL** the sections (1 – 10) below, and return the application with payment to the Institute’s office (see page 6 for contact details). **Please print in BLOCK LETTERS.**

**Section 1 – Personal details**

Title  Mr  Mrs  Miss  Ms  Dr

Given name/s (in full)

Family name  Preferred name

Date of birth            
Day Month Year

**Section 2 – Contact details**

**1. Personal contact details**

Street address

State  Postcode  Country

PO Box address

State  Postcode  Country

Email (home)

Phone (home)   Fax (home)

Mobile

**2. Business contact details**

Company name

Position in company

Street address

State  Postcode  Country

PO Box address

State  Postcode  Country

Email (work)

Phone (work)   Fax (work)

**3. Preferred contact details**

Postal address:  Home street address  
 Business street address  Business PO Box address

Email address:  Home  Business



**Application by a member of a recognised overseas accounting body for Membership**

**Section 3 – Current member of an approved overseas accounting body**

Please indicate which overseas accounting body you are a member of by marking the appropriate box below.

- Canadian Institute of Chartered Accountants
- Hong Kong Institute of Certified Public Accountants  
(members who have completed the HKICPA Qualifications Programme and training under an authorised Employer/Supervisor)
- The Institute of Chartered Accountants in England & Wales
- The Institute of Chartered Accountants in Ireland
- New Zealand Institute of Chartered Accountants  
(members of the College of Chartered Accountants)
- The Institute of Chartered Accountants of Scotland
- The Institute of Chartered Accountants of Zimbabwe  
(members admitted after 1 January 1996)
- South African Institute of Chartered Accountants
- A legally constituted state authority in the USA  
(the person having full CPA status and a licence to practice in that state)

Membership no.

Date of admission   •   •

Day                      Month                      Year

**Section 4 – Tertiary education**

Please list the details of your tertiary qualifications. **Certified copies of your tertiary qualifications – degree certificate(s) and transcript(s) must be attached.** (If additional space is required, please photocopy this page and attach to this application.)

**Qualification 1:**

Name of course

Name of University / Professional Association

Country of tertiary institution

Commenced   •   •

Day                      Month                      Year

Completed   •   •

Day                      Month                      Year

**Qualification 2:**

Name of course

Name of University / Professional Association

Country of tertiary institution

Commenced   •   •

Day                      Month                      Year

Completed   •   •

Day                      Month                      Year

**Qualification 3:**

Name of course

Name of University / Professional Association

Country of tertiary institution

Commenced   •   •

Day                      Month                      Year

Completed   •   •

Day                      Month                      Year

**Qualification 4:**

Name of course

Name of University / Professional Association

Country of tertiary institution

Commenced   •   •

Day                      Month                      Year

Completed   •   •

Day                      Month                      Year

## Application by a member of a recognised overseas accounting body for Membership

### Documentary requirements

Please indicate which documents (if required) you are submitting, by crossing the appropriate box below.

**Letter of good standing**

An original letter must be obtained from your accounting body and state that you are a current financial member in good standing. It should be no more than three (3) months old from the date of application.

**Certified copies of your tertiary qualifications – degree certificate(s) and transcript(s)**

Only those who are **not** a member of one of the **approved bodies** listed in **section 3**, are required to submit certified copies of your degree certificate(s) and transcript(s).

**Please note:** members of the Institute of Chartered Accountants in Zimbabwe and US CPA's must also include:

Certified copy of a transcript, which confirms that accredited subjects in Australian Corporate and Taxation Laws have been successfully completed

**OR**

Other supporting documentation confirming satisfactory understanding of these areas.

**Note:** although the Institute no longer requires applicants from most GAA bodies to demonstrate knowledge of Australian Corporate and Taxation Laws for the purpose of becoming a member, it is important to note that this remains a statutory requirement for some specialist registrations, or if you are a principal in a public practice and have not had more than three (3) years work experience in Australia.

### Section 5 – Professional experience

Please list details of your professional experience. (If additional space is required, please photocopy this page and attach to this application.)

**Name of organisation**

Street address

State  Postcode  Country

Position

Employment type  Full time  Part time

Duration  Day  Month  Year  to  Day  Month  Year  =  Years  Months

Firm type:  Chartered  CPA  Public Accounting  Commerce  Other →

**Name of organisation**

Street address

State  Postcode  Country

Position

Employment type  Full time  Part time

Duration  Day  Month  Year  to  Day  Month  Year  =  Years  Months

Firm type:  Chartered  CPA  Public Accounting  Commerce  Other →

**Application by a member of a recognised overseas accounting body for Membership**

Name of organisation

Street address

State  Postcode  Country

Position

Employment type  Full time  Part time

Duration  Day ·  Month ·  Year to  Day ·  Month ·  Year =  Years ·  Months

Firm type:  Chartered  CPA  Public Accounting  Commerce  Other →

Name of organisation

Street address

State  Postcode  Country

Position

Employment type  Full time  Part time

Duration  Day ·  Month ·  Year to  Day ·  Month ·  Year =  Years ·  Months

Firm type:  Chartered  CPA  Public Accounting  Commerce  Other →

**Section 6 – References**

Please attach written references from each of the individuals described below.

- Two (2) references from **members of this Institute** who are not related to you, who support your application for admission to membership, and who either:
  - have been members of this Institute for at least three (3) years; **OR**
  - have been members of your overseas professional body for at least five (5) years.

**AND**

- A reference from at least one (1) person from the **country in which your overseas membership** was obtained, who knew you in a professional capacity (eg. former employer) and can testify to your professional experience.

**Please note:** written references must be original and dated within three (3) months of your application submission. The referees should indicate in their own words how they know you, how long they have known you, attest to your professional experience and state their support of your application. The reference should be provided on letterhead where possible.

**Application by a member of a recognised overseas accounting body for Membership**

**Section 7 – Statutory registrations**

Please indicate whether you hold any of the following registrations/authorities.

- Licenced Municipal Auditor (or its equivalent)
- Registered Company Auditor
- Registered Trustee in Bankruptcy
- Registered Tax Agent
- Registered Company Liquidator
- Financial Planning Specialist
- Australian Financial Services Licensee (AFSL)
- SMSF Auditor.

**Please note:** If you have indicated that you hold any of the above Statutory Registrations, offer services to the public and/or you are currently/are becoming a partner/principal/director/sole practitioner in public practice, you are required to hold a Certificate of Public Practice (CPP). By law 34, Regulation R4 and R9 and guidance note N5 are the relevant sections of the Member’s Handbook that relate to CPPs. If you wish to apply for a CPP you must submit the relevant application form (with appropriate documentation) in addition to your application.

An interactive guide has been designed to assist members to determine whether they require a CPP. To utilise this tool and to access further information on CPP requirements, please visit [charteredaccountants.com.au/cpp](http://charteredaccountants.com.au/cpp)

**Section 8 – Declaration**

- a) Have you ever been convicted of a criminal offence or is there a charge pending?  Yes  No
- b) Have you ever been subject to disciplinary action by a statutory, professional or other body in respect of your professional capacity?  Yes  No
- c) Are you presently under any order of the court, are you a bankrupt, have you made an assignment for the benefit of your creditors or have you executed an authority under Part X of the *Bankruptcy Act 1966* within the last three (3) years?  Yes  No
- d) Are you subject to a notice not to manage a corporation as provided in section 206, Part 2D.6 of the *Corporations Act 2001*?  Yes  No

**Note:** If you have answered ‘YES’ to any of the above questions, please attach details.

**Please indicate your acceptance of these terms by crossing the box beside each statement.**

- I have read and agree to be bound by the Institute’s Supplemental Charter, By-laws and Regulations prescribing any ruling on the standards of practice and professional conduct, including the technical standards, as required by the Institute to be observed.
- I agree to abide by the lawful decisions of the Institute’s Board or any Regional or Local Council, Standing or other Committees or Officer of the Institute to whom the Board may, in accordance with the Supplemental Charter or the By-laws, delegate its functions or powers.
- I agree to produce such further evidence and information in relation to this application as may be required by the Institute and attest that the information supplied is true and correct.

In consideration of the Institute of Chartered Accountants in Australia’s (the Institute) evaluation of my suitability for membership, I understand and agree that confirmation of my responses will be sought. These checks may include, but are not limited to, criminal history and verification of my qualifications and professional membership(s). I hereby authorise the Institute and its authorised nominees to collect, use, disclose and store personal information about me from third parties, for the purpose of verifying my experience and qualifications.

Additionally, I allow third parties holding personal information about me to release such information to the Institute and its authorised nominees.

Applicant’s signature

Date    •    •

Day Month Year

