

Application by a Partner in a Chartered Accounting Firm for
Affiliate Membership (Regulation R2, Clauses 501–516)



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

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Please complete **ALL** the sections (1 – 12) below, and return the application with payment to the Institute’s office (see page 8 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 Home PO Box address
 Business street address Business PO Box address

Email address: Home Business

Section 4 – Area of expertise

Please indicate below the area of expertise in which you have at least five (5) years of experience and provide a brief summary of your experience in the field.

Section 5 – Tertiary education

List the details of your tertiary qualifications. **Certified copies** of the original **degree certificate(s)** and **full, final academic transcripts** must also be attached to this application. (Please attach additional pages to this application if space provided is insufficient.)

Qualification 1:

Name of course

Name of University / Professional Association

Country of tertiary institution

Commenced • • Completed • •

Day Month Year Day Month Year

Qualification 2:

Name of course

Name of University / Professional Association

Country of tertiary institution

Commenced • • Completed • •

Day Month Year Day Month Year

Qualification 3:

Name of course

Name of University / Professional Association

Country of tertiary institution

Commenced • • Completed • •

Day Month Year Day Month Year

Section 6 – Membership of accounting professional associations or statutory authorities

Name of association

Date admitted • •
Day Month Year

Is membership current? Yes No

Name of association

Date admitted • •
Day Month Year

Is membership current? Yes No

Name of association

Date admitted • •
Day Month Year

Is membership current? Yes No

Name of association

Date admitted • •
Day Month Year

Is membership current? Yes No

Section 7 – Declaration by applicant

- a) Have you ever been convicted of a criminal offence or is there a charge(s) 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 aware of any objection by any other statutory or professional body to your being an Affiliate of the Institute of Chartered Accountants in Australia? Yes No
- e) 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 Supplement Royal Charter, By-Laws, Code of Professional Conduct as may from time to time, in accordance with the Supplemental Royal Charter and By-Laws, be amended.
- I further agree to abide by the lawful decisions of the Board or of any Regional Council, Standing or other Committees or officer of the Institute to whom the Board may, in accordance with the Supplemental Royal Charter or By-Laws, delegate its functions or powers.
- I have undertaken the Institute's Public Practice Program or have completed an equivalent course approved by the Institute before commencing as a participant of the practice entity
 (Name of firm),
 unless an exemption is granted.
- I recognise that an essential element of my acceptance by the Institute as an Affiliate is the 'undertaking' given by the Practice Entity,
 (Name of firm),
 as part of this application, which will apply only while I am a partner of that entity.
- I recognise that should I cease to be a partner of the Practice Entity, I will no longer retain my Affiliate status.

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

Section 8 – Undertaking by a Practice Entity in relation to the admission of an affiliate to the Practice Entity

I, the undersigned, being a member of the Institute of Chartered Accountants in Australia (the Institute) and a partner/principal in

(Name of firm)

a practice entity (as defined in Article 2(e) of the Supplemental Royal Charter) which may describe itself as 'Chartered Accountants' seek, for and on behalf of all the partners/principals in the practice entity, the consent of the Board for entry into that practice entity of

(Name of applicant)

as partner/principal and for that practice to retain the right, privilege and ability to continue to describe itself as 'Chartered Accountants' subsequent to such entry which will take/has taken effect as from:

• •

Day Month Year

In support of this application, I confirm that the appointee, not being a member of the Institute:

1. The type of service to be provided by the appointee is not inconsistent with the provision of public accountancy services
2. The appointee's principal occupation will be with the practice entity
3. The appointee is a person of good personal reputation;
4. The appointee possesses a minimum of five (5) years full-time experience in either accountancy services or another area of expertise
5. In consideration for approval by the Board being given, I, for and on behalf of all the partners/principals in the practice entity, hereby undertake to comply with the following conditions:
 - a) To advise the Institute of any changes in the circumstances referred to above
 - b) To ensure that the entity will, at all times, be effectively controlled by members of the Institute of Chartered Accountants with the number of Affiliates not exceeding one half (1/2) of the number of member partner/principals
 - c) To ensure that the total share of Affiliates and associated persons and entities in the capital, financial results and voting rights of the practice entity shall be less than one half (1/2) (loans by Affiliates and associated persons and entities being treated as capital for such purpose)
 - d) To ensure that the applicant does not describe or hold himself out personally to be a Chartered Accountant
 - e) To ensure that if the Affiliate's name appears on letterhead and business cards, the Affiliate's status with the Institute is shown together with membership of any other professional body (refer R2, 512).

Being authorised to sign for and on behalf of all the partners/principals in the practice entity.

Your full name (Name/Surname)

Your member number

Signature

Date • •

Day Month Year

Section 9 – Practice details

(Please attach a copy of the firm’s letterhead to this application.)

Company name

Street address

State Postcode Country

Is this also a residential address? Yes No → If 'YES', does it have separate public access for clients? Yes No

Please note: A floorplan of the premises must be attached to this application if the premises are also a residential address.
 The following need to be noted on the floorplan: entry, location of office, and lockable storage facility for client files.

PO Box address

State Postcode Country

Company email

Website address

Switch phone Switch fax

Direct phone Direct fax

Practice structure details:

Are only members and affiliates responsible for the professional work within your practice? Yes No

If 'NO', is the firm being established as one of the following? CPA Firm Public Accounting Firm Commerce

Practice Entity details:

Name of Practice Entity (if different to name on letterhead)

Type of Practice Entity: Sole Practitioner Partnership Company Trust

Other (please specify)

Section 10 – Practice Entity Participants

The definition of 'Practice Entity Participant' (Glossary of terms – Members' Handbook) is as follows:

'Practice entity participant' or 'participant' means a person who is a principal of a practice entity and includes, without limitation:

- i) In the case of a practice entity which is a partnership, a partner of that partnership
- ii) In the case of a practice entity which is a body corporate, a director or shareholder of that body, who, as an officer or employee of that body corporate, or otherwise, provides or participates in the provision of the services provided by the practice entity
- iii) In the case of a practice entity which is conducted as a trust, a beneficiary under that trust, who, as an officer or employee of the trustee of that trust or otherwise, provides or participates in the provision of the services provided by the practice entity.

Please list all the practice entity participants:

Name	Member number*	Professional member body*	% Holding in Practice Entity (if any)	Responsible for professional work?	
				Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

* For those who are not members or affiliates of the Institute, please advise the professional body, if any, of which they are a member.

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Please list other owners (if any):

Name	% Holding in Practice Entity (if any)	Responsible for professional work?	
		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Note: Please identify other practice structure entities, providing relevant information as above, on a separate page.

Section 11 – Payment details

Fees:

1. **Application fee** AU\$

2. **Affiliate subscription fee** AU\$

3. **PSC levy** (including GST) AU\$

4. **Late lodgement fee** (if applicable) AU\$

Total payable AU\$

Payable by:

Cash Cheque/Bank Draft
(payable to the Institute of Chartered Accountants in Australia)

Amex Visa MasterCard Diners

Card number

Expiry date .

Card holder name

Card holder signature

1. Application fee

The Institute membership subscription is based on a financial year (July to June). You must pay the **\$515** application fee when submitting the application form. The relevant subscription fee (a pro-rata fee applies if the application is made in any month other than July) will be payable before the application approval is finalised.

2. Affiliate subscription fees

The Affiliate subscription fee is calculated from the date of commencement as a partner/principal/director in the practice. If you have already commenced practice please refer to the late lodgement fee section below. If you have **commenced/will commence** as a partner/principal/director in this financial year, please select the fee for the month you **begun/will begin** practice from the table below.

Affiliate subscription fees (2009/10)												
	Jul 09	Aug 09	Sep 09	Oct 09	Nov 09	Dec 09	Jan 10	Feb 10	Mar 10	Apr 10	May 10	Jun 10
Australian resident (incl. GST)	1331.00	1220.08	1109.17	998.25	887.33	776.42	665.50	554.58	443.67	332.75	221.83	110.92
Overseas resident	1210.00	1109.17	1008.33	907.50	806.67	705.83	605.00	504.17	403.33	302.50	201.67	100.83

3. Professional Standards Council (PSC) levy

Please note, the PSC levy is determined on the numbers of partners within a firm, however, for the first year the levy is set at **\$55**.

4. Late lodgement fee

Applications are required to be lodged prior to the date of intention to commence relevant activities, otherwise a late lodgement fee is incurred. Where the commencement of relevant activities was in a prior year the fees payable are:

- 1) The Affiliate subscription fee for the full current 2009/10 year (ie. as of July on the table above)
- 2) 25 per cent of the sum total of the Affiliate subscription fees that would have been paid during the period since you became partner/principal/director.

If a late lodgement fee is applicable, the Institute will calculate the total fee payable, and contact you regarding further authorisation.

Section 12 – Checklist

Attached is:

- | | |
|---|--|
| <input type="checkbox"/> List of member partners and affiliate partners | <input type="checkbox"/> Declaration completed and signed |
| <input type="checkbox"/> Certified (original) copy of tertiary qualifications (degree certificates/and transcripts) | <input type="checkbox"/> Have read and understood Regulations 501 – 516 and regulations relating to Certificates of Public Practice and Training & Development |
| <input type="checkbox"/> Firm letterhead | <input type="checkbox"/> Payment/Payment authorisation |
| <input type="checkbox"/> Floorplan of the practice premises (if applicable) | |

Section 13 – Submitting your application form

Application forms / Supporting documents

Please submit your completed application **with payment** to:

Mail	Customer Transactions Team The Institute of Chartered Accountants in Australia GPO Box 9985, Sydney 2001 Australia
Fax	+61 2 9262 1298
Email	service@charteredaccountants.com.au
In person	
ACT	L10, 60 Marcus Clarke Street, Canberra
NSW	33 Erskine Street, Sydney
Qld	L32, Central Plaza One, 345 Queen Street, Brisbane
SA	L11, 1 King William Street, Adelaide
Vic	L3, 600 Bourke Street, Melbourne
WA	Ground Floor, BGC Building, 28 The Esplanade, Perth

For further enquiries or **additional information** please contact the Chartered Accountants Service Centre on:

Web	charteredaccountants.com.au
Phone	
Australia	1300 137 322
Overseas	+61 2 9290 5660
Email	service@charteredaccountants.com.au
Fax	+61 2 9262 1298

Privacy statement

The Institute of Chartered Accountants in Australia respects the privacy of individuals and acknowledges that the information you provide on this form is 'personal information' as defined by the Commonwealth *Privacy Act*. The information is being collected for the purpose of processing your application. The provision of this information is voluntary, but if it is not provided the Institute may be unable to process your application. If your application is successful, the information will also be used for the purposes listed in the Institute's privacy policy – a copy of which is at charteredaccountants.com.au/A116990340

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