

Concessional subscription rate & Cancellation/ Downgrade of a Certificate of Public Practice (CPP)



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

--	--	--	--	--	--

Please complete **ALL** the sections (1 – 7) below, and return the application with payment to the Institute's office (see page 5 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

Concessional subscription rate & Cancellation / Downgrade of a Certificate of Public Practice (CPP)

Important note: please ensure that you attach a printout of your conclusion page from the 'Do I need a CPP' online questionnaire, located on our website: charteredaccountants.com.au > **About membership** > **Membership types** > **certificate of public practice**

If, through completion of this questionnaire, you have determined that you are no longer required to hold a CPP and wish to have your existing CPP cancelled, please complete **Section 4**. If you have determined that you are required to retain your CPP and wish to be considered for a downgrade to a concessional rate, please complete **Section 5**.

Section 4 – Cancellation of Certificate of Public Practice (CPP)

Please note: complete this section **only** if you have determined that you are no longer required to hold a CPP via completion of the 'Do I need a CPP' online questionnaire)

Further information

Please provide a brief explanation as to your reason(s) for seeking cancellation of your CPP and/or provide details of any special circumstances you would like taken into consideration. (Please attach additional sheets if the space provided is insufficient).

CPP cancellation statement

If deemed eligible, I,
would like to cancel my CPP with the Institute of Chartered Accountants in Australia ('the Institute').

If applicable:

My current firm details can be deleted Yes No

My new firm/company details are as follows:

Company name	<input type="text"/>				
Position title	<input type="text"/>				
Street address	<input type="text"/>				
State	<input type="text"/>	Postcode	<input type="text"/>	Country	<input type="text"/>
PO Box address	<input type="text"/>				
State	<input type="text"/>	Postcode	<input type="text"/>	Country	<input type="text"/>
Email	<input type="text"/>				
Phone	<input type="text"/>	<input type="text"/>	Fax	<input type="text"/>	<input type="text"/>

Declaration

Please indicate your acceptance of these undertakings by crossing the box beside each statement:

- 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
- I am aware that it is a requirement that professional indemnity insurance be maintained through a period of not less than seven (7) years after ceasing to hold a CPP (refer to Regulation 7PI for further details)
- I undertake to advise the Institute of any change in my circumstances that may require reinstatement of a CPP.

Applicant's signature

Date • •
Day Month Year

Concessional subscription rate & Cancellation / Downgrade of a Certificate of Public Practice (CPP)

Section 5 – Downgrade of Certificate of Public Practice (CPP)

Only complete this section if you are seeking to retain your CPP at a concessional rate. **Important note:** if your CPP is downgraded to a third or nil rate, you will still be charged an annual PSC levy (AU\$55) for participation in the liability capping scheme regardless of your level of practice activities throughout the financial year (excluding Tasmanian members)

Further information

Please provide a brief explanation as to your reason(s) for seeking to downgrade your CPP and / or provide details of any special circumstances you would like taken into consideration. (Please attach additional sheets if the space provided is insufficient.)

Level of public practice activities

Important: in this section, 'relevant activities' refer to the activities addressed in the 'Do I need a CPP' online questionnaire.

I am currently / will be, (as of the following date):

. .

- Earning a gross annual income greater than \$27,000 (or \$54,000 if retired) from relevant activities
- Earning a gross annual income between \$7,500 and \$27,000 (or up to \$54,000 if retired) from relevant activities
- Earning a gross annual income less than \$7,500 from relevant activities.

Professional Indemnity Insurance

Please cross the box (if relevant):

I am covered by a current professional indemnity insurance policy

The month my professional indemnity insurance policy is due for renewal:

Note: the above information will be used to determine your eligibility to downgrade your CPP as well as the rate that is appropriate to your circumstances. Once your application has been finalised, we will contact you to advise of the outcome and if applicable, the new rate.

Declaration

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

- 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
- I undertake to advise the Institute of any change in my circumstances that may require my CPP to be upgraded to a higher rate.

Applicant's signature

Date . .

Concessional subscription rate & Cancellation / Downgrade of a Certificate of Public Practice (CPP)

Section 6 – Payment details

Fees:

Please cross the applicable box.

Categories	Australia (AU\$) (incl. 10% GST)	Overseas (AU\$) (no GST applied)
Low income	<input type="checkbox"/> \$390.50	<input type="checkbox"/> \$284.00
Career break	<input type="checkbox"/> \$78.10	<input type="checkbox"/> \$56.80
Retired, OR permanently incapacitated and receives no income from personal exertion	<input type="checkbox"/> \$78.10	<input type="checkbox"/> \$56.80
Hardship	<input type="checkbox"/> Nil	<input type="checkbox"/> Nil
50 years membership, OR 75 years of age	<input type="checkbox"/> Nil	<input type="checkbox"/> Nil

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

Section 7 – Checklist

- Completed **all** the sections of application form.
- Detailed information provided on reason for application.
- Payment authorised/attached (if applicable).

Section 8 – Submitting your application form

Application form

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

Detailed information on CPP's can be found under regulation R4 of the Members Handbook or by visiting – **charteredaccountants.com.au/cpp**

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

ABN 50 084 642 571 The Institute of Chartered Accountants in Australia Incorporated in Australia Members' Liability Limited. 1208-01_27