

The Institute of Chartered Accountants in Australia
Upgrade of a Certificate of Public Practice



Please fill in your **Identification Number**, if known (please use a **BLACK** pen)

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Please complete **ALL** the sections (1 – 5) below, and return the application to the Institute's office (see page 2 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

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

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Section 3 – Relevant activities

I am applying to have my existing CPP upgraded to the:
(please select **one** only)

- Full fee** – as I will be earning a gross annual income greater than \$29,000 (or \$58,000, if retired) from practice entities which provide relevant activities (please confirm with your PI broker that your existing PII policy remains valid)
- Concessional one third fee** – as I will be earning a gross annual income between \$7,500 – \$29,000 (or up to \$58,000, if retired) from practice entities which provide relevant activities.

Effective date

- I have undertaken/registered for the Institute Public Practice Program.

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

- Registered Company Auditor
- Registered Trustee in Bankruptcy
- Registered Tax Agent
- Registered BAS Agent
- Registered Company Liquidator
- I hold an Australian Financial Services Licensee (AFSL)

AFSL number

- I am a representative/authorised representative of an AFS Licensee

Full name of the AFS Licensee

AFSL number

- I undertake the following services: SMSF Auditor
- I review Second Tier Companies Limited by Guarantee.

Section 4 – Declaration

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

- I attest that the information supplied is true and correct and agree to produce such further evidence and information in relation to this application as may be required by the Institute
- I confirm that I have the benefit of a current professional indemnity insurance policy which is due for renewal:
→ Please indicate which month
- I undertake to establish and maintain levels of Quality Control appropriate to my practice and agree to demonstrate to the satisfaction of the Institute on request as required by R4/715
- I have undertaken Training & Development (T&D) activities appropriate to the carrying out of public practice activities as required by R4/708 and agree to provide a schedule to the Institute if deemed necessary.

Full name

Signature

Date

Section 5 – Supporting documents

The following documents need to be included with your 'Upgrade of a 'Certificate of Public Practice application':

- Copy of firm letterhead
- Copy of PI Insurance certificate of currency.

Section 6 – Submitting your application form

Application forms

Please submit your completed application to:

Mail	Customer Transactions Team The Institute of Chartered Accountants in Australia GPO Box 9985, Sydney 2001 Australia
Fax	+61 2 9262 1298
In person	
ACT	L10, 60 Marcus Clarke Street, Canberra
NSW	33 Erskine Street, Sydney
Qld	L32, Central Plaza One, 345 Queen Street, Brisbane
SA	Westpac Building, L29, 91 King William Street, Adelaide
Vic	L3, 600 Bourke Street, Melbourne
WA	Ground Floor, BGC Building, 28 The Esplanade, Perth

OR

Submit by email

Click the 'Submit by email' button to email this form to service@charteredaccountants.com.au

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/privacy_policy

ABN 50 084 642 571 The Institute of Chartered Accountants in Australia Incorporated in Australia Members' Liability Limited. FORMS_CT-10 (08/11)