

# Notification of Monitored Member Status form



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

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Please complete **ALL** the sections (1 – 4) 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  
 Business street address  Business PO Box address

Email address:  Home  Business

The Institute of Chartered Accountants in Australia  
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**Section 6 – Registrations/Authorities**

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 and privacy statement**

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

- I attest that the information supplied in relation to this notification form is true and correct
- I attest that I do not currently meet any of the criteria in R4, regulation 702 and undertake to advise the Institute of any variation to my registration(s) / license(s) and to provide annual confirmation via my membership subscription

**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](http://charteredaccountants.com.au/privacy_policy)

Applicant's signature

Date

**Section 5 – Submitting your application form**

**Application forms / Supporting documents**

Please submit your completed application to:

<b>Mail</b>	Customer Transactions Team The Institute of Chartered Accountants in Australia GPO Box 9985, Sydney 2001 Australia
<b>Fax</b>	+61 2 9262 1298
<b>In person</b>	
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](mailto:service@charteredaccountants.com.au)

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

<b>Web</b>	<a href="http://charteredaccountants.com.au">charteredaccountants.com.au</a>
<b>Phone</b>	
Australia	1300 137 322
Overseas	+61 2 9290 5660
<b>Email</b>	<a href="mailto:service@charteredaccountants.com.au">service@charteredaccountants.com.au</a>
<b>Fax</b>	+61 2 9262 1298

ABN 50 084 642 571 The Institute of Chartered Accountants in Australia Incorporated in Australia Members' Liability Limited. FORMS\_CT-25 (08/11)