

Application for Membership of the Association of Authorised Public Accountants



The Association of Authorised Public Accountants (AAPA) is a Recognised Supervisory Body under the Companies Act 1989. Registered in England as a company limited by guarantee, registration number 1379840. Registered office 10 Lincoln's Inn Fields, London WC2A 3BP. Telephone +44 (0)20 7059 5895. Fax +44 (0)20 7059 5916.

AAPA has delegated the administration of its affairs to the Association of Chartered Certified Accountants (ACCA).

To be eligible to apply for membership of AAPA, an applicant must be in a firm of practising accountants (either as a principal or employee) and must either hold individual authorisation as an auditor under the UK Companies Act 1985 (Sections 389(1)(b) or 389(2) [as those sections provided prior to their repeal by Companies Act 1989] immediately before 1 January 1990 and immediately before the commencement of Part II of Companies Act 1989 in particular Section 25 or the equivalent Northern Ireland Companies Order provisions) or hold a recognised professional qualification within the meaning of Section 31 of the UK Companies Act 1989. Please complete this form in black ink and BLOCK CAPITALS throughout and retain a photocopy of the completed form for future reference.

Please enter your full name here, before proceeding to the remainder of this form.

Full name:

I hereby apply for admission to membership of the Association of Authorised Public Accountants (AAPA).

I undertake that, if admitted, I will, so long as I remain a member of AAPA, comply with the articles and bye-laws and all other regulations of AAPA for the time being in force.

I further undertake that I will use the designation "Authorised Public Accountant" and/or the prescribed designatory letters "AAPA" or "FAPA" only while I remain a member of AAPA.

I acknowledge my duty to the public to ensure that the quality of my knowledge and service is maintained after admission to membership. I therefore accept my responsibility to undertake continuing professional development as directed by Council, specified in The Chartered Certified Accountants' Membership Regulations.

I confirm that I have never been adjudged bankrupt or either individually or as a partner in a firm, made or agreed to make an assignment for the benefit of creditors or made any arrangement or composition with creditors or executed any similar deed or agreement or taken or attempted to take the benefit of any statutory provision for arrangement with creditors.

I confirm that I have read and fully comprehend the content of AAPA's bye-law 50 and that there is nothing which I should bring to AAPA's attention at the present time. Please note that the Rehabilitation of Offenders Act 1974 does not apply to the accountancy profession. You are, therefore, required to disclose spent convictions.

I declare that the whole of the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I acknowledge that any statement contained herein which is known by me to be false may invalidate this application and any decision reached thereon.

I agree to pay the admission fee of £170 (which includes my subscription for the current calendar year). I understand that this sum will be refunded to me if my application is unsuccessful.

Date _____ Signature _____

I enclose the following with my application (✓):

cheque/draft for £170 (admission fee)

OR

please debit my MasterCard Visa American Express Switch/Maestro UK Solo with the sum of £ _____

Card number

Start date/Valid from Expiry date Issue no (if applicable)

Name of cardholder _____

Signature of cardholder _____

non-statutory practising certificate application form, if applicable

Surname

Title (✓) Mr Mrs Miss Ms Dr Other (please specify)

Forenames

Honours/University Degrees

Date of Birth

Your full name (forenames followed by surname) will be printed on your membership certificate. If you wish to have the certificate printed showing your name in a different order, please detail here your name as you would like it printed.

Residential Address

Post Town/City

County/State

Country

Post/Zip code

Business Address

Job Title

Company Name

Company Address

Post Town/City

County/State

Country

Post/Zip code

Tel Area/STD code

Number

Fax Area/STD code

Number

Mailing Details

Please indicate the address to which you wish your correspondence to be sent (✓): Residential Business Neither

Please indicate which address you wish to have published in the Directory of Members (✓): Residential Business Neither

Please provide your e-mail address. Your e-mail address will be used for outbound e-mails. It must be unique to you and not shared.

E-mail

From time to time, ACCA will send you information by e-mail ranging from administrative notes to continuing professional development opportunities and news on the profession. To ensure that you receive only the type of information you require by e-mail, please tick ONE of the four boxes below.

No electronic mails (for those who do not wish to receive any information by e-mail)

One-to-one e-mail only (for those who would only like to receive correspondence e-mails)

ACCA campaign e-mails (for those who would like to receive one-to-one e-mails and promotional e-mails relating to events/courses/questionnaires)

ACCA and third party e-mails (for those who would like to receive one-to-one e-mails, promotional e-mails and e-mails from third parties with prior approval from ACCA).

Do you wish your e-mail address to be included in the Directory of Members? (✓):

Yes No

A member in the UK or Ireland will normally be enrolled with the regional members' network/district society covering his/her residential address, which will involve receiving mailings directly from that society.

If you do **NOT** wish to be enrolled, tick here (✓):

A member in the UK or Ireland will normally be enrolled with the employment-based members' network covering his/her employment category, which will involve receiving mailings directly from that network.

If you do **NOT** wish to be enrolled, tick here (✓):

Your details are retained on ACCA's membership databases for administrative and regulatory purposes, in accordance with ACCA's registration under data protection legislation. Whilst ACCA never sells its mailing list to third parties, it does undertake strictly controlled mailings on behalf of selected third parties where the product or service being advertised is likely to be of interest or use to accountants. If you wish to receive such mailings please indicate your express consent

by ticking the box (✓):

Upon admission to membership you will automatically receive a copy of the ACCA Rulebook in CD-ROM format. If you would prefer to receive this in book format, tick here (✓):

I am currently:

- the principal of a firm of practising accountants
or
 an employee of a firm of practising accountants

AAPA members are eligible to apply for auditing certificates for their firms, issued by the Association of Chartered Certified Accountants, which confer registered auditor status. If you wish to do this, you should complete the appropriate application form. All AAPA members who are undertaking work under the definition of public practice are required to hold a non-statutory practising certificate. If statutory audit work is undertaken, the firm (including sole proprietorships) must apply for an auditing certificate.

Nature of Firm

- Authorised Public Accountants (ie all the partners/directors are members of the Association of Authorised Public Accountants)
- Chartered Certified Accountants (ie all the partners/directors are members of the Association of Chartered Certified Accountants)
- Chartered Accountants (ie all of the partners/directors are members of one or more of the Institutes of Chartered Accountants in England and Wales, Scotland or Ireland)
- Mixed Chartered Certified/Chartered Accountants (ie all the partners/directors are members of ACCA or one or more of the Institutes of Chartered Accountants in England and Wales, Scotland or Ireland)
- Other (ie the partners/directors are a mix of Authorised Public Accountants, Chartered Certified Accountants, Chartered Accountants and/or unqualified accountants)

Practice Category

Which one of the following categories below best describes your own work?

- General practising services

or, specialising in:

- audit
 insolvency
 taxation
 management consultancy
 information technology
 other. Please specify _____

Number of Partners/Directors

- sole
 2-3
 4-6
 7-10
 over 10

Please tick all boxes which apply and provide such other information as required.

I am applying for membership on the basis of:

my individual authorisation as an auditor under the UK Companies Act 1985 (Sections 389(1)(b) or 389(2) [as those sections provided prior to their repeal by Companies Act 1989] immediately before 1 January 1990 and the commencement of Part II of Companies Act 1989 (in particular Section 25) or the equivalent Northern Ireland Companies Order provisions. I enclose a copy of my authorisation certificate;

or

my holding of a recognised professional qualification within the meaning of Section 31 of the Companies Act 1989 issued by one, or more, of the following bodies:

- Association of Chartered Certified Accountants
- Institute of Chartered Accountants in England and Wales
- Institute of Chartered Accountants of Scotland
- Institute of Chartered Accountants of Ireland
- Association of International Accountants (after June 1991)

I enclose a copy of my membership certificate and a letter/other document confirming my holding of the body's audit qualification/recognised professional qualification for the purposes of becoming a registered auditor under the Companies Act 1989.

Have you ever held registration as an auditor from, or made application for registration as an auditor to, a Recognised Supervisory Body under the Companies Act 1989, either as an individual or as a partner/director of a firm? Yes No

If yes, please detail below the name of the body, the date of the initial application and, if the application was successful, the reason why registration ceased. If the application was unsuccessful, please state the reason for this.

Please list here any other professional bodies of which you are a member (other than the accountancy bodies listed above):

I hereby apply for:

membership (applicants with less than six years' experience as a principal or employee in public practice)

or

fellow membership (applicants with more than six years' experience as a principal or employee in public practice)

I acknowledge that ACCA, acting for AAPA, reserves the right to make such enquiries as are necessary to verify that my individual authorisation or membership of another body remains in good standing.

