



# Application for a Practicing Certificate

You should read the accompanying guidance notes before completing this form and allow 28 days for your application to be processed.

## PERSONAL DETAILS

ICPAP membership no.

Designatory letters (eg, FCPA)

Name  
(title/forename/surname)

Registered address

City

Postcode/zip code

Country

Telephone

Mobile:

Fax

Email

## ADDITIONAL INFORMATION

Please tick this box if you wish to apply for the 'appropriate qualification for Audit'.

Please tick this box if you wish to apply for the practicing certificate fee exemption (eligibility as outlined in the guidance notes).

Date of Commencement of Practice

(this date must be subsequent to the date of the application and cannot be backdated).

DD

MM

YYYY

Your practicing certificate will not be sent to you until the month following your proposed date of practice.

## EMPLOYMENT STATUS

Are you remaining an employee?

**Yes** (If yes, please provide your employer's details below).

**No** (If no, please go to THE PRACTICE section over page).

Firm name

Office address

City

Postcode/Zipcode

Country

## FOR OFFICE USE

Date received	Eligibility checked	Commence date	Cash received	Firm no.	Office no.

## THE PRACTICE

Please complete this section if you become a principal (partner or director)

Either:

A) I intend to establish a practice named:

You must enclose a specimen of your proposed business letter heading(s), and a copy of your Professional Indemnity insurance quote (PII) and declare all other partners in the firm.

or

B) I intend joining an established practice:

You must enclose a specimen of your proposed business letter heading(s), and a letter confirming your admission to partnership and that your practice is covered by Professional Indemnity Insurance (PII) signed by an existing partner.

The Registered address of the practice will be:

Registered address

City

Postcode/zipcode

Country

Telephone

Mobile

Fax

## DECLARATION

By signing and completing this application for a practicing certificate you are also declaring that you:

- comply with the fundamental principles set out in the Code of Ethics
- have completed the Going into Practice Are you ready? questionnaire within the application pack
- have complied with the CPD requirements for the two years preceding this application
- maintained competence in the accountancy services you intend to provide; and
- comply with the Council's Professional Indemnity Insurance Regulations.

Signature Date

Date

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DD

MM

YYYY

## PAYMENT

You are required to pay a practicing certificate fee as outlined below unless meeting the exemption requirements which are detailed within the guidance notes.

Rs.5,000 Members practicing in the Pakistan.

Rs. 10,000 Members practicing Overseas.

US \$ 200 Non Pakistani Members.

These fees are not adjusted pro-rata. A fee exemption may be available on first application for a practicing certificate for members who enter practice as a sole practitioner or use a limited company vehicle where they are the only director/shareholder – please see guidance notes. Please fill in the payment details overleaf or enclose the appropriate amount with your application and make your cheque payable to ICPAP.

## PLEASE NOTE

The practicing fee is not adjustable pro-rata, and is due on 1 January each year. If you are submitting an application at the end of the year, it may be worth considering deferring the issue of your practicing certificate until the beginning of the following year, to avoid paying the practicing fee twice in a short period of time.

Please read the practicing certificate guidelines to assess your eligibility for the practicing certificate fee waiver.

## CHECKLIST

- Completed application form
- Declaration signed and dated
- Specimen of proposed business letter heading(s) and PII details. Your application will not be approved without this.
- Complete the Going into Practice Are you ready? questionnaire (you will not be required to return this on application)
- Enclose valid payment
- CPD completed for the last three years
- Notification of any other partners in your firm, ICPAP members or non-members (this may affect your ability to use the description; Certified Public Accountant).

## SOLE PRACTITIONERS

Please send a copy of your letterhead for approval to [director@icpap.com.pk](mailto:director@icpap.com.pk). When your letterhead has been approved, please send your practicing certificate application to the address below. Please be aware that applications will not be processed prior to letterhead approval.

## Payment Methods

In respect of the registration fee, annual subscription fee and if applicable exemptions fees.

Postal  Order Cheque  Bank  Draft  Amount \_\_\_\_\_  
Western  Union Cash Pay  Order  Online  Transfer

Number:

Name of Bank/Exchange \_\_\_\_\_

City \_\_\_\_\_

Country \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Now that you have completed the Practicing Certificate form please check that all the required information is present and correct.

I enclose a cheque for Rs.

made payable to **ICPAP**

Send completed form and cheque to

**INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS OF PAKISTAN**

**Plot 13, Street 42, Sector F-8/1, Islamabad-44000, Pakistan**

**Phone: +92-51-2853-018**

**Email: [admissions@icpap.com.pk](mailto:admissions@icpap.com.pk)**

Signature

Date