

# Incorporation notification



## REGISTRATION DETAILS

Is this an incorporation of an existing firm?  Yes  No  
Name of existing firm \_\_\_\_\_  
Will your existing firm continue to trade?  Yes  No  
Does this firm require to be registered/continue to be registered as an ACCA Approved Employer?  Yes  No

## CONTACT DIRECTOR/PARTNER

Full name \_\_\_\_\_  
ACCA membership number (if known/applicable)

## FIRM DETAILS

Name of firm\* \_\_\_\_\_ Trading name (if applicable)\* \_\_\_\_\_  
Firm's existing reference number (if known/applicable)         Companies House registration number          
Country in which registered \_\_\_\_\_ Date of last annual return to Registrar of Companies \_\_\_\_\_

\* Auditing certificates will be issued in the name of the incorporated firm, not other trading names.

## ADDRESS DETAILS

### Principal office address

Is this the firm's registered office  Yes  No (if no please indicate registered office clearly below)

Town \_\_\_\_\_ County \_\_\_\_\_ Postcode \_\_\_\_\_  
Tel \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

### Branch office address(es) (continue on a separate sheet if necessary)

**A**

Town \_\_\_\_\_ County \_\_\_\_\_ Postcode \_\_\_\_\_  
Tel \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**B**

Town \_\_\_\_\_ County \_\_\_\_\_ Postcode \_\_\_\_\_  
Tel \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**C**

Town \_\_\_\_\_ County \_\_\_\_\_ Postcode \_\_\_\_\_  
Tel \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**D**

Town \_\_\_\_\_ County \_\_\_\_\_ Postcode \_\_\_\_\_  
Tel \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

## DIRECTORS/PARTNERS

### ACCA directors/partners

| Office | Name  | ACCA membership number |
|--------|-------|------------------------|
| _____  | _____ | □ □ □ □ □ □ □ □        |
| _____  | _____ | □ □ □ □ □ □ □ □        |
| _____  | _____ | □ □ □ □ □ □ □ □        |
| _____  | _____ | □ □ □ □ □ □ □ □        |

### Non-ACCA directors/partners

| Office | Name  | Professional qualification (if any) | Appropriate qualification for audit held                 |
|--------|-------|-------------------------------------|--|
| _____  | _____ | _____                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____  | _____ | _____                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____  | _____ | _____                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____  | _____ | _____                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Continue on a separate sheet if necessary

## NON-DIRECTORS/NON-PARTNERS RESPONSIBLE FOR SIGNING AUDIT REPORTS

Persons listed here must hold an appropriate qualification

| Office | Name  | ACCA membership number (if applicable) |
|--------|-------|--|
| _____  | _____ | _____                                  |
| _____  | _____ | _____                                  |
| _____  | _____ | _____                                  |
| _____  | _____ | _____                                  |
| _____  | _____ | _____                                  |

## SHAREHOLDER DETAILS

**LIMITED LIABILITY PARTNERSHIPS SHOULD USE THIS SECTION TO PROVIDE THE VOTING RIGHTS OF PARTNERS**

### Share capital

Authorised share capital<sup>†</sup> \_\_\_\_\_ shares of £/€ \_\_\_\_\_ each. Shares issued \_\_\_\_\_

<sup>†</sup> Not applicable to UK companies formed on or after 1 October 2009.  
If there is more than one class of shares, please provide details on a separate sheet.

### Shareholders/Partners

|                       |                             |                              |                             |
|-----------------------|-----------------------------|------------------------------|-----------------------------|
| Name                  | Director:                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Address               | Postcode                    | _____                        |                             |
| Number of shares held | Percentage of voting rights | _____ %                      |                             |
| Name                  | Director:                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Address               | Postcode                    | _____                        |                             |
| Number of shares held | Percentage of voting rights | _____ %                      |                             |
| Name                  | Director:                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Address               | Postcode                    | _____                        |                             |
| Number of shares held | Percentage of voting rights | _____ %                      |                             |

Continue on a separate sheet if necessary

## PROFESSIONAL INDEMNITY INSURANCE

Policy number

Insurer

### Continuity of practice

Name of firm

Professional body

Address

Postcode

OR  in the incorporation document

If arrangements have been made with more than one firm please provide details on a separate sheet. If the company trades in more than one country, your continuity arrangements must make provision for this.

## AUDIT REGISTRATION

Does this firm require audit registration? \*\*  Yes  No

\*\* Where there are no changes (other than incorporation) to the structure of a firm which has existing audit registration with ACCA a firm's auditing certificate will be issued automatically. Where the firm's structure has changed or this is a new company an application for a firm's auditing certificate will be sent to the contact partner/director for completion.

## ENCLOSURES

### Headed notepaper

Please enclose a sample of your (proposed) headed notepaper with this form. If the principal and branch offices use different notepaper, enclose a sample of each notepaper used by the firm.

### Additional sheets of information

I attach \_\_\_\_\_ (enter 'no' if applicable) additional sheets of information.

## CONFIRMATION

I confirm that the information given in this form is true, accurate and complete to the best of my knowledge and belief after making all reasonable enquiries.

Contact director's/partner's signature

Date