

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
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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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[†] _____ shares of £/€ _____ each. Shares issued _____

[†] 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