

Application for a Practising Certificate – Ireland

This form should be completed only by a member wishing to practise in Ireland.

Please read carefully the relevant sections of the Practice Information handbook, which can be found on ACCA's website [here](#), before completing this form. This form covers all types of practising certificate issued by ACCA in Ireland. You should ensure that you complete pages 1 – 6 and 9 – 10 plus the section(s) which relate to the type of certificate you are seeking. Please retain a copy of the completed form for future reference. Return the form to authorisation@accaglobal.com. Please allow up to 30 working days for your application to be assessed.

Please note that all certificates are issued on an annual basis. Certificates valid in Ireland expire on 31 December each year.

Data protection

We may use your personal data for the purposes of;

- administration of your practising certificate
- sending you publications and other communications
- responding to enquiries and investigating complaints
- complying with our regulatory obligations

You can update your information by contacting ACCA at any time. We may share information with our suppliers and our auditors. Please note that for individuals based outside the UK, your information will be held in ACCA's main information systems which are located in the UK and EU and may be accessed by ACCA's local office in your country of residence. ACCA processes information within the UK and EU, but may also transfer data outside of the UK and EU as part of its operations and service delivery.

For more information on how your information and rights are respected, please see our [privacy notice](#), or contact privacy@accaglobal.com

PERSONAL INFORMATION

Full name

Title

Membership number (if known/applicable)

Mailing address

Town

County

Country

Postcode

Email

Please provide an email address where we can contact you about your application. You can update your email address and consent level at any time through your myACCA account, available on our website [here](#).

PRACTISING DETAILS

A Date you intend to commence practising

B I intend to practise (tick as appropriate)

as a sole practitioner/sole director

as a partner/co-director

as both a sole practitioner and a partner/co-director

as an employee of a firm responsible for audit within the meaning of the Irish Companies Act 2014

as an employee

C Firm's name[†]

If the firm is not registered with ACCA please advise the name of the RAB?

N/A

(Please underline the first surname to indicate where your firm should appear in registers/directories compiled or published by ACCA. If you practice in more than one firm, please provide details in Section G on page 3.)

† If this is an incorporated firm, and ownership and control details have not previously been provided to ACCA, please complete and return an *Incorporation Notification* form, a copy of which is included at the end of this application form. Further copies can be found on ACCA's website at www.accaglobal.com/practising).

D Partners/co-directors (If you are not intending to practise as a sole practitioner/sole director, please enter the names of all partners/co-directors with their designatory letters.)

E i Head office address

Town	County
Country	Postcode
Tel	Fax
Email	Website

ii Address of your office (if different from E(i))

Town	County
Country	Postcode
Tel	Fax
Email	

F Address and contact details of your firm's other branches (use a separate sheet if necessary)

i

Town	County
Country	Postcode
Tel	Fax
Email	

ii

Town	County
Country	Postcode
Tel	Fax
Email	

G **OTHER FIRMS IN WHICH YOU PRACTICE** – In addition I am a partner/co-director, sole practitioner/sole director or individual responsible for audit/employee* in the following firm(s). (All practices, including bookkeeping firms, must be listed and incorporation details provided, if applicable. Please use a separate sheet if necessary.)

* Delete as applicable

Firm's name

(Please underline the first surname to indicate where your firm should appear in registers/directories compiled or published by ACCA.)

H Partners/co-directors (If you are not a sole practitioner/sole director please enter the names of all partners/co-directors with their designatory letters.)

I i Head office address

Town	County
Country	Postcode
Tel	Fax
Email	Website

ii Address of your office (if different from I(i))

Town	County
Country	Postcode
Tel	Fax
Email	

Please provide address and contact details of your firm's other branches on a separate sheet, if applicable.

PREVIOUS AUTHORISATIONS

Have you previously been granted/applied for audit registration from another Recognised Accountancy Body or Authority?*

Yes	No
-----	----

* You must tick 'Yes' if you (or any firm in which you were a partner/director) has made any form of application, including any application which was rejected or withdrawn, or which is still awaiting consideration.

If YES, please state

Name(s) of the Recognised Accountancy Body or Authority

Membership number (if known/applicable)

Please note: If you are registered to more than one body to continue on a separate sheet.

Date of application	Was the application successful?	Yes	No
---------------------	---------------------------------	-----	----

If NO, please state the reasons on a separate sheet and attach it to this form.

REGULATORY MATTERS

Have you (or your firm or any of its partners/directors/responsible individuals) ever been subject to any regulatory action in respect of audit, investment business and/or insolvency by a regulatory body? **

Yes No

** You must tick 'Yes' if you (or your firm or any of its partners/directors/responsible individuals) have any pending regulatory matter(s) under investigation by a regulatory body.

If YES, please provide details on a separate sheet and attach it to this form.

Are you aware of any other regulatory matter(s) which may impact on your application? Yes No

If YES, please provide details on a separate sheet and attach it to this form.

DISCIPLINARY MATTERS

Have you (or any of your firm's partners/directors/responsible individuals) ever been subject to any disciplinary action by a regulatory body? ***

Yes No

If yes, please provide details on a separate sheet and attach it to this form.

*** You must tick 'Yes' if you (or any of your firm's partners/directors/responsible individuals) have any pending disciplinary matter(s) under investigation by a regulatory body.

JOB CATEGORY

Which ONE of the categories listed below, supported by the competences achieved and verified on your Approved Employer PCER confirmation form or PCEF, best describes your work?

General practising services

or specialising in Auditing Insolvency Information technology Management consultancy Taxation

Other (please specify)

CONDITIONS FOR THE ISSUE OF A PRACTISING CERTIFICATE

In signing this section of the form I confirm that I have read and understood the conditions for the issue of a practising certificate, and that:

A Fit and proper person

None of the matters or events referred to in the Chartered Certified Accountants' Global Practising Regulations 2003 (GPRs) 8, regulation 6 of Annex 2 to the GPRs or, where applicable, regulation 8 of Appendix 1 of Annex 2 to the GPRs applies to me or to any person referred to in GPR 8;

B Professional indemnity insurance (not applicable to an employee applying to hold an Irish practising certificate and audit qualification in order to become an individual responsible for audits within a firm)

I have professional indemnity insurance as required by GPR 9, regulation 7 of Annex 2 to the GPRs and, where applicable, regulation 9 of Appendix 1 of Annex 2 to the GPRs and following my current policy's expiry, will renew it on terms complying with GPR 9. Details of the name of the insurer and the policy number are provided in the appropriate part of the form;

C Maintenance of competence

I will comply with the continuing professional development obligations of GPR 10 and, where applicable, regulation 10 of Appendix 1 of Annex 2 to the GPRs;

D Continuity of practice (not applicable to an employee applying to hold an Irish practising certificate and audit qualification in order to become an individual responsible for audits within a firm)

I have made arrangements complying with GPR 11 and, where applicable, regulation 11 of Appendix 1 of Annex 2 to the GPRs for the continuity of my practice in the event of my death or incapacity. Details of the continuity arrangements are provided in the appropriate part of the form;

E Notification

I will comply with GPR 12 and, where applicable, regulation 12 of Appendix 1 of Annex 2 to the GPRs and will notify in writing to ACCA all matters specified in that regulation and will provide such notification at least 28 days in advance of the relevant event. I undertake to notify ACCA immediately in the event of any information previously supplied to it in support of my application ceasing to be true, accurate or complete, or in the event of any change in circumstances, or any event which may call into doubt the validity of my application, or the continuation of any certificate granted;

F Conduct of public practice

I will comply with GPR 13 and, where applicable, regulation 8 of Annex 2 to the GPRs and regulation 13 of Appendix 1 of Annex 2 to the GPRs, ACCA's Code of Ethics and Conduct and all technical, quality control and ethical standards/guidelines applicable to my work;

G Monitoring and compliance

I am aware of the requirement of GPR 14, regulation 9 of Annex 2 to the GPRs and, where applicable, regulation 15 of Appendix 1 of Annex 2 to the GPRs and will supply all such information as is necessary to enable ACCA to complete its monitoring programme efficiently;

H Disclosure of information

I will comply with GPR 15 and, where applicable, regulation 14 of Appendix 1 of Annex 2 to the GPRs and will supply to ACCA all necessary information to enable it to comply with its obligations with respect to any legal or regulatory requirement that may exist in the country where my certificate is/certificates are valid;

I Anti-money laundering

I will comply with the requirements of relevant anti-money laundering legislation and regulation, including specifically that:

- my practice has a nominated officer to take responsibility for compliance
- there are procedures in place to gather and retain evidence of the identification of all clients
- principals and staff in my practice receive appropriate training
- ongoing compliance monitoring is carried out
- suspicions of money laundering are reported as required by law.

J Irish competent authority

I agree to be bound by the procedures, rules and guidance, as may be issued from time to time by the Irish competent authority in the exercise of its statutory functions.

(Where reference is made to the GPRs, members applying for certificates valid in Ireland should note that they must also comply with Annex 2 to the GPRs. The GPRs are contained in the ACCA *Rulebook* which can be found on ACCA's website [here](#)).

Signature

PROFESSIONAL INDEMNITY INSURANCE

Professional indemnity insurance (not applicable to an **employee** applying to hold an Irish practising certificate and audit qualification in order to become an individual responsible for audits within a firm)

I detail below the name of my insurer and policy number/I enclose a quotation document as evidence that I have applied for a policy and undertake to provide details of my policy number to ACCA once it has been confirmed.*

If you are enclosing a quotation document, please note that your certificate will not be issued until you have provided your policy number to ACCA.

If you practise in more than one firm, please provide additional professional indemnity insurance details on a separate sheet.

Insurance company

Policy number

* Delete as applicable

CONTINUITY OF PRACTICE

Continuity of practice (not applicable to an **employee** applying to hold an Irish practising certificate and audit qualification in order to become an individual responsible for audits within a firm)

I have made arrangements for the continuity of my practice in the event of my death or incapacity

in the partnership agreement or memorandum and articles of association of my firm

OR

with the following practising accountants or firms of practising accountants**

Name of firm Professional body

Address

Town County

Country Postcode

** A practising certificate and audit qualification applicant must make arrangements with a registered auditor or firm of registered auditors. You must have a written agreement in place.

CONTINUITY OF PRACTICE OPT IN SCHEME

ACCA has developed a search tool to enable members in the UK and Ireland to find firms prepared to provide continuity of practice arrangements. The search tool can be found in the '[find a firm](#)' section of the ACCA website. If you are the contact partner/director of a firm and wish to participate in the scheme please sign the confirmation below.

I confirm that I wish to participate in the continuity of practice scheme. I understand that ACCA is unable to recommend specific firms or get involved in drawing up continuity of practice agreements.

Contact partner's/director's signature

AREAS OF JURISDICTION AND TYPE OF CERTIFICATE

I wish to apply for a practising certificate for Ireland

In ticking this box, an applicant for an Irish practising certificate and audit qualification will be registered by ACCA as qualified to act as an auditor under the Irish Companies Act 2014. Holding a practising certificate and audit qualification will not, of itself, permit audit appointments to be held or obtained. If you wish to hold or seek appointments reserved to registered auditors, your firm must hold or apply for a separate Irish firm's auditing certificate from ACCA or from another Recognised Accountancy Body in Ireland. If you wish to apply for an ACCA firm's auditing certificate please complete the firm's auditing certificate (Ireland) application form, available on our website [here](#).

If you wish to apply for a practising certificate or practising certificate and audit qualification for the UK, Channel Islands, Isle of Man or any other territory you must complete the relevant application form, available on our website [here](#).

I wish to apply for

a full-time certificate

a spare-time certificate, with anticipated fee income in excess of £5,000 per calendar year

a spare-time certificate, with anticipated fee income not in excess of £5,000 per calendar year and I wish to apply for a practising certificate, taking advantage of the dispensation available to those with fee incomes of £5,000 or less per calendar year. I anticipate that my fee income will not exceed £5,000 per calendar year. In the event that my fee income exceeds £5,000, I undertake to inform ACCA immediately. (This dispensation is not available to an applicant for a practising certificate and audit qualification.)

Signature

I wish to apply for

a practising certificate and audit qualification to practise in Ireland – **go to page 7**

a practising certificate to practise in Ireland – **go to page 8**

ELIGIBILITY FOR A PRACTISING CERTIFICATE AND AUDIT QUALIFICATION FOR IRELAND

This section should be completed by an applicant seeking a practising certificate and audit qualification in respect of Ireland. It should not be completed by an applicant seeking a certificate for other countries. An applicant for a practising certificate and audit qualification for the UK, Channel Islands or Isle of Man must complete a separate application form, available on our website [here](#).

The eligibility requirements for a practising certificate and audit qualification for Ireland are outlined in section 3 of the *Practice Information* handbook. This handbook can be found on ACCA's website [here](#).

ACCA does not have the discretion to waive or vary the eligibility requirements in individual circumstances. An application which is incomplete, or which is from an individual who does not meet the eligibility criteria, will not be accepted for processing and will be returned to the sender. If you are not eligible for a practising certificate and audit qualification you may still be eligible for a practising certificate and should refer to the relevant sections of this application form.

You should complete one only of A, B or C below by ticking the relevant box and providing such information as required. If you are unable to complete fully one of A, B or C – or if you do not understand any of the questions/terminology contained therein – you should not submit this application but should instead contact Authorisation for advice on your position.

A Relevant practising certificate previously held

I have previously held a practising certificate and audit qualification, or an equivalent certificate previously issued by ACCA, and apply to resume holding a certificate. I understand that my eligibility to resume holding a certificate will be subject to verification by ACCA, particularly with regard to the equivalence of the certificate I previously held*.

Year last held?

* You must complete the 'Audit Experience Form (Ireland)' and submit it along with your practising certificate application form. This form is also available on our website [here](#).

B Practising certificate application made in connection with an application for direct membership of ACCA

I hold, or am eligible to hold, a practising certificate and audit qualification issued by the Institute of Chartered Accountants in Ireland or an EEA statutory audit licence and enclose documentary evidence of this with this application form and now apply to hold an ACCA practising certificate and audit qualification for Ireland. Applicants who are members of the Institute of Chartered Accountants in Ireland will only be eligible to hold a practising certificate and audit qualification from ACCA if they hold or are eligible to hold Responsible Individual status.

I also enclose a completed 'Audit Experience Form (Ireland)'. This form is also available on our website [here](#).

C Training wholly obtained within an ACCA approved employer – practising certificate development (audit)

I have completed 36 months of training in an ACCA approved employer – practising certificate development (audit), 24 months of which were obtained after admission to membership. I have submitted by email:

My Approved Employer Practising Certificate Experience Requirement confirmation form/My Approved Employer Practising Certificate Experience Requirement confirmation form has previously been submitted*

AND

Part 3 (audit units) of the Practising Certificate Experience Forms (PCEFs) / Part 3 (audit units) of my Practising Certificate Experience Forms (PCEFs) has previously been submitted*

AND

My 'Audit experience form (Ireland)'. This form is available on our website [here](#).

* delete as appropriate

SOLE PRACTITIONERS/SOLE DIRECTORS

If you are already in practice with authorisation from another Recognised Accountancy Body, or anticipating purchasing a practice with audit clients, please provide:

Number of audit clients* (enter 'nil' if applicable)

Number of public interest audit clients** (enter 'nil' if applicable)

* If you already have audit clients you must also complete an online Audit Client Information form (Ireland) and an online Audit Register Information form (Ireland), if applicable. These online forms can be found on ACCA's website [here](#).

** Please refer to the Audit Client Information (Ireland) form for details of public interest audit clients.

EMPLOYEES

I am an employee of the firm (and I am not a principal or partner/director of any other firm). I do not hold professional indemnity insurance in my own right. I undertake not to engage in public practice in my own name without obtaining the written permission of ACCA and lodging with ACCA details of professional indemnity insurance and continuity of practice arrangements.

Signature

Please now go to page 9.

ELIGIBILITY FOR A PRACTISING CERTIFICATE

This section should be completed by an applicant seeking a practising certificate for Ireland. It should not be completed by an applicant seeking a certificate for other countries. An applicant for a practising certificate for the UK, Channel Islands, Isle of Man or any other country must complete a separate application form, available on our website [here](#).

The eligibility requirements for a practising certificate are outlined in section 1 of the *Practice Information* handbook. This handbook can be found on ACCA's website [here](#).

You should complete one only of A, B, C or D below by ticking the relevant box and providing such information as required. If you are unable to complete fully one of A, B, C or D – or if you do not understand any of the questions/terminology contained therein – you should **not** submit this form but should instead contact Authorisation for advice on your position. An application which is incomplete, or which is from an individual who does not meet the above-mentioned criteria, will not be accepted for processing and will be returned to the sender.

A Relevant practising certificate previously held

I have previously held a practising certificate or an equivalent certificate previously issued by ACCA and apply to resume holding a certificate. I understand that my eligibility to resume holding a certificate will be subject to verification by ACCA, particularly with regard to the equivalence of the certificate I previously held.

Year last held?

B Practising certificate application made in connection with an application for direct membership of ACCA

I hold, or am eligible to hold, the equivalent of an ACCA practising certificate issued by the body through which I originally qualified. I enclose a copy of the certificate and now apply to hold an ACCA practising certificate. I understand that my eligibility to hold a practising certificate will be subject to verification by ACCA, particularly with regard to the equivalence of the certificate issued by the body through which I originally qualified.

C Training wholly obtained within an ACCA approved employer – practising certificate development

I have completed 36 months of training in an ACCA approved employer – practising certificate development, 24 months of which were obtained after admission to membership. I have submitted by email my Approved Employer Practising Certificate Experience Requirement confirmation form/My Approved Employer Practising Certificate Experience Requirement confirmation form has previously been submitted*

D Training obtained outside of an ACCA approved employer – practising certificate development

I have completed 36 months of training (24 months of which have been after admission to membership) equivalent to that which would have been obtained in an ACCA approved employer – practising certificate development but the firm or organisation in which the training was obtained was not registered with ACCA for all or part of the 36 months. I have submitted by email my Practising Certificate Experience Form/My Practising Certificate Experience Form has previously been submitted*. I request ACCA to consider backdating the approved employer status for the firm(s) or organisation(s) in which I obtained my training.

* Delete as applicable.

Pages 9 – 11 should be read carefully by all applicants. Please ensure you sign the confirmation on page 10.

The fee for a practising certificate and audit qualification is £564

The fee for a full-time practising certificate is £564

The fee for a spare-time practising certificate is £113*

Once your application has been fully processed we will send you an email to confirm that payment is now required. When you receive the email the simplest and quickest way to make a card payment is online via *myACCA*. You will receive immediate acknowledgement that your payment has been received by ACCA. You can also make a card payment by telephone by contacting *ACCA Connect* on +44 (0)141 582 2000 once you have received the email.

(* The £113 rate applies only where fee income will be under £5,000 per calendar year and is not available to an applicant for a practising certificate and audit qualification.)

ADDITIONAL AUTHORISATIONS

The application form to apply for a firm's auditing certificate for Ireland is available on ACCA's website [here](#) or by ticking the relevant box below.

I would like to receive the appropriate form to apply for

an auditing certificate, in order to hold audit appointments in the firm's name in Ireland under the Irish Companies Act 2014.

Criminal Justice (Money Laundering and Terrorist Financing) Acts 2010 to 2021

Under the Criminal Justice (Money Laundering and Terrorist Financing) Acts 2010 to 2021, any person who provides audit, insolvency, tax, accountancy or trust and company services must be supervised by a designated accountancy body (employees do not require supervision under the Act).

- i If your firm is controlled by ACCA members (ie at least half of the partners/directors are members of ACCA and the ACCA partners/directors control at least 51% of the voting rights) or holds an auditing certificate from ACCA your firm is also automatically supervised by ACCA.

If your firm does not meet these requirements it will need to be supervised by another recognised supervisory authority, such as the Anti-Money Laundering Compliance Unit, Department of Justice..

If your firm is not eligible to be supervised by ACCA please provide:

Name of your firm's recognised supervisory authority

CONFIRMATION

If you have been subject to matters within the terms of Byelaw 8 and ACCA's Assessment and Investigations Departments are aware of this, you may sign and submit this form. If you are concerned that you may be subject to matters under Byelaw 8 of which ACCA's Assessment and Investigations Departments are not already aware, please notify ACCA in writing to complaintassessment@accaglobal.com

Following this notification you may sign and submit this form.

I understand that when signing this declaration, I could become liable to disciplinary action for events which engage ACCA Byelaw 8, liability to disciplinary action, which occurred before or after I sign (**read Notes section below now**).

I confirm I have now read the **Notes** section below and:

- I understand that if I fail to declare an event which may engage Byelaw 8, or if I provide any false or misleading statement in this form, I may face disciplinary action which may involve an allegation of dishonest conduct, and may also invalidate any decision reached in this application;
- I understand while I am a member of ACCA I will notify ACCA about any event which may engage Byelaw 8;
- I agree to comply with ACCA's Charter, Byelaws, Regulations and Code of Ethics and Conduct;
- I have not been subject to any criminal conviction and/or caution;
- I have not been disciplined by any professional and/or regulatory body;
- I have not been subject to any other matters which may engage Byelaw 8 (liability to disciplinary action) or GPR 8 (fit and proper persons) or the Companies Act 2014 that has not already been brought to the attention of ACCA's Assessment and Investigations Departments in writing;
- I understand that I am therefore required to disclose any unspent convictions and/or cautions that are not 'protected' as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013);
- I am aware of, and will abide by the notification requirements set out in GPR 12 and my continuing obligation to promptly notify ACCA of any matters which may make me or my firm liable to disciplinary action;
- I understand that any matters which I have disclosed to ACCA which engage Byelaw 8 will be taken into account when dealing with my application, but that the matters may not automatically stop the processing of my application;
- I confirm and declare I have included everything ACCA needs to know, and there is nothing else I should bring to ACCA's attention at the present time.

Notes

ACCA Byelaw 8 sets out the details of the events which could lead to disciplinary action. These events include (but are not limited to) the following: Incompetence in carrying out work; breach of ACCA Byelaws or Regulations; disciplinary action against you by another professional and/or regulatory body; bankruptcy or insolvency; failure to satisfy a judgment debt without reasonable excuse within two months; criminal conviction and/or caution; civil finding of acting fraudulently or dishonestly as a party or witness in civil proceedings; **misconduct** – this includes (but is not limited to) any act, or failure to act, that is likely to discredit you, relevant firm, ACCA or the accountancy profession.

Signature

Date

CHECKLIST

Before you send your application to ACCA please check you have:

- Completed the previous authorisations, regulatory matters and disciplinary sections on pages 3 and 4
- Signed the conditions for the issue of a practising certificate on page 5
- Provided professional indemnity insurance details on page 5
- Provided continuity of practice details on page 6
- Provided the name of your recognised supervisory authority for anti-money laundering purposes on page 9, if applicable
- Signed the confirmation on page 10.

Please return this form to authorisation@accaglobal.com

BYELAW 8 – LIABILITY TO DISCIPLINARY ACTION

- 8 a** A member, relevant firm or registered student shall, subject to byelaw 11, be liable to disciplinary action if:
- i he or it, whether in the course of carrying out his or its professional duties or otherwise, has been guilty of misconduct;
 - ii in connection with his or its professional duties, he or it has performed his or its work, or conducted himself or itself, or conducted his or its practice, erroneously, inadequately, inefficiently or incompetently;
 - iii he or it has committed any breach of these byelaws or of any regulations made under them in respect of which he or it is bound;
 - iv in the case of a relevant firm, any person has in the course of the business of that firm committed any breach of these byelaws or of any regulations made under them in respect of which that person is bound;
 - v he is a specified person in relation to a relevant firm against which a disciplinary order has been made and which has become effective or which has been disciplined by another professional or regulatory body;
 - vi he or it has been disciplined by another professional or regulatory body;
 - vii he or it has made an assignment for the benefit of creditors, or has made an arrangement for the payment of a composition to creditors, or has had an interim order made by the court in respect of him, or is a specified person in relation to a relevant firm which has made such an assignment or composition or been wound up as an unregistered company, or entered into a voluntary arrangement, administration or liquidation, in each case where applicable under the Insolvency Act 1986, or other similar or analogous event has occurred in relation to him or it under applicable legislation;
 - viii he or it has failed to satisfy a judgment debt without reasonable excuse for a period of two months (the burden resting on him or it to prove such a reasonable excuse on the balance of probabilities) whether or not the debt remains outstanding at the time of the bringing of the disciplinary proceedings hereunder;
 - ix before a court of competent jurisdiction in the United Kingdom or elsewhere, he or it has pleaded guilty to, been found guilty of, or has accepted a caution in relation to, any offence discreditable to ACCA or to the accountancy profession; or
 - x before a court of competent jurisdiction in the United Kingdom or elsewhere, in any civil proceedings in which he or it has been a party or witness, he or it has been found to have acted fraudulently or dishonestly.
- b** Each of the paragraphs in byelaw 8(a) shall be without prejudice to the generality of any of the other paragraphs therein.
- c** For the purposes of byelaw 8(a), misconduct includes (but is not confined to) any act or omission which brings, or is likely to bring, discredit to the individual or relevant firm or to ACCA or to the accountancy profession.
- d** For the purposes of byelaw 8(a), in considering the conduct alleged (which may consist of one or more acts or omissions), regard may be had to the following:
- i whether an act or omission, which of itself may not amount to misconduct, has taken place on more than one occasion, such that together the acts or omissions may amount to misconduct;
 - ii whether the acts or omissions have amounted to or involved dishonesty on the part of the individual or relevant firm in question;
 - iii the nature, extent or degree of a breach of any code of practice, ethical or technical, adopted by the Council, and to any regulation affecting members, relevant firms or registered students laid down or approved by Council.
- e** For the purposes of byelaw 8(a)(ix), a copy of the certificate or memorandum of conviction or caution, and of any final judgment, ruling or determination given in the criminal proceedings, shall be conclusive proof of the conviction or caution, and of any facts and matters found, as the case may be.
- f** For the purposes of byelaw 8(a)(x):
- i where the person in question was a party to the proceedings, a copy of a certified judgment of the civil proceedings shall be conclusive proof of the facts and matters found;
 - ii where the person in question was a witness in the proceedings, a copy of a certified judgment of the civil proceedings shall be prima facie evidence of the facts and matters found.
- g** Subject to byelaw 8(f) above, any other finding of fact in any civil proceedings before a court of competent jurisdiction in the United Kingdom or elsewhere shall be admissible as prima facie evidence in any disciplinary proceedings.

FIRM'S BUSINESS AND TECHNICAL SPECIALISMS

You may use this form to indicate or update the sectors and services which are applicable to your firm(s). This information will then be shown against your firm's entry on the online 'Find a firm' directory. Please photocopy as required.

Firm's name

Firm's reference number (if known/applicable):

Sector expertise

Arts and cultures industries
Advertising
Agriculture and forestry
Architects
Catering (pubs, restaurants, food and drink)
Charities
Clubs and associations
Construction industry
Dentists
Doctors
Distribution and transport
Education
Engineering
Entertainment
Estate agents
Financial services
Friendly societies
Housing
IT/software
Manufacturing
Motor retailers
Printing and publishing
Public sector
Retail
Service industries
Solicitors
Sub-contractors
Telecommunications
Tourism and travel agents
Vets

Services offered

Arbitration
Bank loans and overdrafts*
Business start-up and company formation*
Benchmarking
Business process improvements
Business plans*
Business risk assessment
Corporate finance
Corporate recovery
Cost systems and control
Company secretarial service
Debt counselling
Data processing services
Divorce/matrimonial
Establishing a business overseas
Export finance planning and tax
Environmental auditing
Estate planning and executorship
Expert witness
Feasibility studies
Grants and finance (EU, government)
Internal audit and systems security
Information technology
Legal activities (probate)
Limited company accounts
Management advice to business
Management accounting consultancy
Management consultancy
Partnership/sole trader accounts
Share valuations
Small scale equity issues*
Tax (CGT, corporate, IHT, personal and VAT)
Tax and NI investigations
Treasury
Trusteeship/trust administration

* Business Finance Advice Scheme member (UK)

If all four of these services are selected your firm will be opted into the scheme.

INCORPORATION NOTIFICATION

Please use this form to provide the ownership and control details of an incorporated firm (limited company or limited liability partnership) if not already provided to ACCA. Where used below the term 'partner' refers to a member of a limited liability partnership.

REGISTRATION DETAILS

Is this an incorporation of an existing firm? Yes No

If yes, name of existing firm

Does this firm require to be registered/continue to be registered as an ACCA approved employer – practising certificate development? Yes No

Contact director/partner

Full name ACCA membership no (if known/applicable)

Firm details

Name of firm Trading name (if applicable)

Firm's existing reference no (if known/applicable) Companies House registration no

Country of registration Date of last Annual Return to Register of Companies

ADDRESS DETAILS

Principal office address

Town County Postcode

Tel Fax Email

Website

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

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

DIRECTORS/PARTNERS – continue on a separate sheet if necessary

ACCA directors/ACCA partners

Office Name ACCA membership no

Non-ACCA directors/non-ACCA partners

Office	Name	Professional qualification (if any)	Appropriate qualification for audit held	
			Yes	No
			Yes	No
			Yes	No

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

Persons listed here must hold an appropriate audit qualification.

Office	Name	Professional qualification
--------	------	----------------------------

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 on a separate sheet.

Shareholders/partners

Name		Director	Yes	No
------	--	----------	-----	----

Address

Postcode	Number of shares held	Percentage of voting rights %
----------	-----------------------	-------------------------------

Name		Director	Yes	No
------	--	----------	-----	----

Address

Postcode	Number of shares held	Percentage of voting rights %
----------	-----------------------	-------------------------------

Name		Director	Yes	No
------	--	----------	-----	----

Address

Postcode	Number of shares held	Percentage of voting rights %
----------	-----------------------	-------------------------------

Continue on a separate sheet if necessary.

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

Please return this form to authorisation@accaglobal.com