

Practising Certificate Application Form (First Issue)

An application for the first issue of a Practising Certificate must be accompanied by authentication from the statutory auditor(s) or public accountant(s) with whom the required post-qualifying public accountancy experience was gained, (i) of that experience and that it was of sufficient level of responsibility and workload in at least three of the main categories of work – Auditing, Financial Accounting, Taxation, Financial Management, Management Accounting and Information and Communication Technology, to enable the applicant to practise in such areas without supervision on his own account and (ii) in the case of a UK Practising Certificate, of experience in preparing or auditing accounts of limited companies.

For all applications evidence must be submitted of Professional Indemnity Insurance (PII) required by the AIA Constitution against claims arising out of the applicant's professional work for the period to which the Practising Certificate relates. Confirmation is required of the completion of Continuing Professional Development (CPD), in accordance with the AIA Constitution, in the period preceding the application.

Applicants must satisfy the Council of the Association as to their being fit and proper persons to undertake public practice.

Please complete this application form in **BLOCK CAPITALS**.

1.0 Personal Details

Please complete
Title:
Surname/Family Name:
First Names:
Date of Birth: ____/____/_____
Certificate Name:
Preferred Email:
Preferred Phone:
Mobile:
Country of Residence:
Is Renewal: Yes No

2.0 Practice Details

Practice Name:	
Trading name:	
Practice Established:	
Practice Address:	
Type of Practice: Sole Trader <input type="checkbox"/> Limited Company <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/>	
Telephone Number:	Website:
UBO Checked	

3.0 Practice Structure

Full Name (include designatory letters from professional memberships)	Type of Entity (Please tick all which apply)				% Shares Owned (to total 100%)	Please state whether this person is a Beneficial Owner, Officer or Manager of the firm*
	Director	Partner	Shareholder	Controlling Interest		

* Under Regulation 58 of the UK Money Laundering Terrorist Financing and Transfer of Funds Information on the Payer Regulations 2017, all Beneficial Owners, Officers and Managers (BOOMs) of relevant firms and sole practitioners must be approved by the firm's or sole practitioner's AML supervisor.

Please refer to Section 18 for definitions of BOOMs and how to apply to the Disclosure Barring Service (DBS) for a basic check and certificate which needs to be submitted to AIA for this purpose.

4.0 Professional Indemnity Insurance (PII)

As outlined by the AIA Constitution, the annual minimum amount of indemnity for a member in public practice as an accountant in the UK or the Republic of Ireland, shall be:

- where the amount of the total income from fees in the year immediately preceding that to which the insurance relates is less than £/€400,000, exclusive of VAT or other similar tax, a sum equal to two and a half times that amount subject to a minimum indemnity of £/€50,000 in the case of a sole practitioner and of £/€100,000 in any other case;
- where the amount of such total income is £/€400,000 or more, £/€1 million for any one claim and in all;
- equivalent or in excess of €1,500,000 as required by statutory instrument 127 2016 when acting as a liquidator in the Republic of Ireland.

Please provide the following details and enclose a photocopy of the insurance schedule.

Name of Broker	<input type="text"/>	Name of Insurer	<input type="text"/>
Limit of Indemnity	<input type="text"/>	Renewal Date	<input type="text"/>

It is the member's responsibility to ensure that PII is held for the period to which the Practising Certificate relates, and that cover is renewed as appropriate.

5.0 Practice Profile

Approximate Income	<input type="text"/>	£/€
Overseas % Income	<input type="text"/>	£/€
One Client > 15%	Yes <input type="checkbox"/>	No <input type="checkbox"/>
One Client >15% income	<input type="text"/>	£/€
Total number of Clients	<input type="text"/>	
Client Number Breakdown (equalling total number of clients):		
Sole Traders	<input type="checkbox"/>	Partnerships <input type="checkbox"/>
Limited Companies	<input type="checkbox"/>	Charities <input type="checkbox"/>
Other	<input type="checkbox"/>	
Overseas Clients	<input type="text"/>	
If 'Total Number of Employees (excluding yourself) which are:	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>

6.0 Clients

Please indicate if the firm has any clients which fall into the following categories, if any further explanation is required for these categories, contact AIA for guidance.

	Yes	No	Number of Clients
High net worth individuals (assets of £/€20 million or over)			
Uncooperative clients (wilfully obstructive rather than simply awkward)			
Clients with connections to high risk countries (as per HM Treasury Sanctions list)			
High risk business activities (eg. cash business, High Value Dealers, arms)			
Criminal/Terrorist			
Politically Exposed Person – Domestic			
Politically Exposed Person – Non-UK			
Non-Face-to-Face			
Clients dealing in US dollars			
Clients dealing predominantly in cash			
Clients dealing in Cryptocurrency			

If you have answered 'Yes' to any of the above, please provide brief details in the space below

Does / has the firm hold / held or have / had access to client money?

Yes No

If yes, please provide further information in the box below

If yes, is the money held in a separate account?

Yes No

Self Assessed Clients Risk Profile

Number of High Risk Clients	<input type="text"/>
Number of Medium Risk Clients	<input type="text"/>
Number of Low Risk Clients	<input type="text"/>

7.0 Services

Please indicate the current (and over the last 12 months) % of overall work the firm provides for each of the services listed below. Please note that the % of overall work does not need to total 100%. Where the firm does not provide any of the services listed below please use N/A.

	% of Overall Work (Current)	% of Overall Work (in the last 12 months)
Insolvency		
Regulated Investment Business		
Trust or Company Service Provider*		
Tax Schemes		
Payroll		
Probate/Estate Management/Executry and Tax Related Work		
Sub-Contract Work		
Work which the Firm Sub-Contracts		

If you have answered 'Yes' to any of the above, please provide brief details in the space below

Trust and Company Service Provision

TSCP % _____

Form Companies _____

Registered Office etc _____

Act or arrange _____

TSCP register Yes No

TSCP Details _____

Form Companies Count

Provide Office Count

8.0 Anti-Money Laundering

- Do you have written anti-money laundering procedures in place in your practice? Yes No
- Have you completed a firm-wide risk assessment? Yes No
- Have you completed risk assessments and appropriate customer due diligence on all current clients? Yes No
- Have you completed any AML Training in the last 12 months? Yes No
- Do you have access to AMLCC Software? Yes No
- Do you have access to any other software? Yes No

Please provide the name and qualifications of your MLRO (money laundering reporting officer)

Has the MLRO completed or attended any AML training in the last 12 months? Yes No

If yes, please provide details:

Have you submitted any suspicious activity reports in the last 12 months? Yes No

If yes, please state how many:

9.0 Other Practising Certificates & Authorisation

Do you hold a Practising Certificate with another professional body? Yes No

If yes, please state which body:

Is your practice currently being supervised by HMRC or any other professional body listed in schedule 1 of the Money Laundering Regulations / The Criminal Justice (Money Laundering and Terrorist Financing) Act other than AIA? Yes No

If yes, please state which body

Date of last monitoring visit

(If you hold a practising certificate with another AML supervisory body AIA will liaise with them to ensure a coordinated approach to AML supervision, monitoring and other regulatory and compliance matters. If you are seeking to change your AML supervisor AIA will communicate with the relevant supervisor to decide who is most appropriate to undertake your supervision AML).

Do you hold ATOL reporting accountant (ARA) status? Yes No

If yes, which professional body awarded the status

10.0 Audit Status (UK Applications Only)

Are you a qualified statutory auditor? Yes No

If yes, please give the name of your current Recognised Supervisory Body and your date of qualification:

Is anyone in your firm undertaking statutory audits? Yes No

If yes, please provide the name of the auditor, the name of their Recognised Supervisory Body and their date of qualification.

11.0 Continuity of Practice

Please provide details of a qualified and authorised practitioner you have nominated and planned with to ensure the continuity of your practice and the provision of services to your clients in the event of your incapacity or death. This arrangement should be in the form of a written agreement, signed by both parties, please contact AIA for a sample Continuity Agreement Letter should you require it.

Continuity Name:
Continuity Practice Address:
Postcode:
Telephone Number:
Email Address:
Continuity PQRN
Signed Continuity Agreement Yes <input type="checkbox"/> No <input type="checkbox"/>

Note: in the event of your death or indisposition, the AIA will contact your nominee, it is therefore important that we are informed of any changes to the nominee or agreement.

12.0 Fit and Proper Status

12.1 Financial Responsibility and Reliability

Have you, in the last ten years, had a court judgement made against you for a debt or made a compromise arrangement with your creditors; have you ever been declared bankrupt or been subject to bankruptcy procedures; have you ever, in respect of your creditors, signed a trust deed, made an assignment for their benefit or made any arrangements for the payment of a composition to them?

Yes No

12.2 Convictions or Civil Liabilities

Have you been found guilty of any offence; or subject to civil or court action relating to your professional business activities or your directorship or management of any company? Offences for which the conviction is spent for the purposes of the Rehabilitation of Offenders Act England and Wales 1974 (or equivalent legislation as may apply in other jurisdictions) provided that you have satisfied the conditions for rehabilitation and motoring offences that did not lead to disqualification or a prison sentence need not be mentioned. In respect of a conviction which is not spent under the Act, details are required regarding the offence, penalty imposed, the court which convicted you and the date of conviction.

Yes No

12.3 Good Reputation and Character

Have you had any actions taken against you restricting your trade, business or profession; had any finding against you in respect of misconduct or malpractice in your business or profession; been subject to disciplinary finding against you by an employer or professional body; been refused entry to or excluded from membership of any profession or vocation; been dismissed or required to resign from any office; employment or partnership; been disciplined or publicly criticised or subject to court order by any regulatory body or officially appointed enquiry with the regulation of a financial, professional or other business activity?

Yes No

Are you currently undergoing any investigations or disciplinary procedures described in 3 above?

Yes No

If you have answered 'Yes' to any of the questions above, please provide details on a separate sheet and attach this to your application.

12.4 Application & Undertakings

Terms Accepted Yes No

Declaration Date:

13.0 Submission

Please submit your completed application to:

Membership Services

Association of International Accountants
Staithes 3, The Watermark, Metro Riverside
Newcastle upon Tyne
NE11 9SN
United Kingdom

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F: +44 (0)191 493 0278

E: membership@aia worldwide.com

W: www.aia worldwide.com