



THE PUBLIC ACCOUNTANTS (MEMBERSHIP AND LICENCES) REGULATIONS, 2011

APPLICATION FOR A LICENCE

TO: The Council of the Cayman Islands Society of Professional Accountants.

I hereby apply for a licence to engage in public practice.

Instructions:

The application form should be completed in block letters and signed by the applicant as indicated.

Note that where an applicant for the purpose of procuring a licence, makes any statement which to their knowledge is false in any material particular or has made any other misleading or fraudulent representation the Council shall be entitled to draw conclusions averse to the fitness and propriety of the applicant and the applicant will also be subject to investigation and possibly disciplinary action.

Licence applications will not be processed without accompanying fee.

MEMBERSHIP INFORMATION

CIIPA Membership Number		Date admitted as a member of CIIPA	
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Licensed Practitioner Declaration

INFORMATION

Applicant's name:

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Last

First

Middle

Date of Birth:

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Nationality:

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PERSONAL

Address	Email address
	Telephone Number
	Fax Number

EMPLOYER

Name and Address	Email address
	Telephone Number
	Fax Number

FIRMS

List all Firms for which the licence will be used for attestation	
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PROFESSIONAL STATUS

OVERSEAS PROFESSIONAL ACCOUNTING INSTITUTE ("OPAI")	
OPAI Member number or ID	
Date first became a member of OPAI	
Professional Designation(s)	
Current Job Title	
Number of years of audit experience	
Number of years of experience other than audit	

LEGAL STATUS IN CAYMAN ISLANDS

Select one

Caymanian	
Permanent Resident	
Work Permit Holder	
Other permission under Immigration Law	

Licensed Practitioner Declaration

FIT AND PROPER

The following are prescribed to be submitted¹, additional documents may be required at the discretion of Council:

1. Honesty, Integrity and Good Repute

A. One written reference from a Partner or Director at your current or previous firm	
B. Two written references from professionals <u>not</u> associated with your current firm	
C. Evidence of no criminal record	

2. Competence, Experience and Capability

D. Either i. A certified copy of a practising certificate from an approved OPAI, ii. A written reference from the firms where you acquired your practical experience attesting to your role and competence, or iii. Other evidence (<i>acceptable to the Council to demonstrate that you have met the minimum practical experience requirement</i>)	
E. Evidence that you have completed at least 20 hours of Continuing Professional Development in the last year, and at least 120 hours in the previous 3 years, as at the date of the application, at least 60 of which must be verifiable. (<i>Providing evidence that you have complied with the IES 7</i>)	
F. An up-to-date resume covering the period during which you gained experience relevant to the application.	

DECLARATION

I hereby confirm that:

- | | |
|---|--------------------------|
| | Tick |
| 1. The information provided in this form and throughout this application is true, complete and accurate to the best of my knowledge; | <input type="checkbox"/> |
| 2. I will comply with the requirements of the IFAC Code of Ethics (www.ifac.org/ethics); | <input type="checkbox"/> |
| 3. I have complied in full with the requirements of IES7: Continuing Professional Development, and have completed at least 20 hours of CPD in the last year, and at least 120 hours in the previous 3 years 60 of which is verifiable and can make copies of all records in support available to Council or relevant Sub-Committee for inspection in the Cayman Islands within a reasonable time; | <input type="checkbox"/> |
| 4. I have complied in full with the requirements of IES8: Competence Requirements for Audit Professionals and will maintain competence in the areas relevant to my practice; | <input type="checkbox"/> |
| 5. I agree to participate in the CIIPA's Quality Assurance process and co-operate as required with my Firm's Quality Partner, CIIPA and the reviewers to facilitate this process. | <input type="checkbox"/> |
| 6. I am resident in the Cayman Islands. | <input type="checkbox"/> |
| 7. I have no objection to CIIPA contacting my Overseas Professional Accounting Institute, at any time during my membership, to confirm that I am in good standing or any other information relevant to my licence; | <input type="checkbox"/> |
| 8. I have no objection to CIIPA confirming the current status of my membership and licence with CIIPA to third parties upon receipt of a written request from such third parties; | <input type="checkbox"/> |
| 9. I have never been excluded from membership of a professional body on disciplinary grounds; | <input type="checkbox"/> |
| 10. I have never been subject to a disciplinary order by any professional body; | <input type="checkbox"/> |

¹ Your name must appear in a consistent format throughout the application. If your certificates or other documents were issued in your maiden name, you should provide a copy of your marriage certificate.

Licensed Practitioner Declaration

- 11. I have never been subject to disqualification to act as an auditor or director by CIMA or any equivalent body in another country;
- 12. I have never been declared bankrupt in any jurisdiction;
- 13. I have never been convicted of a criminal offence in any jurisdiction;
- 14. I am aware that certain information I have provided will be maintained on an electronic database for the purposes of administering CIIPA's membership activities and that this data will reside on the server of a third party service provider, which may be located outside the Cayman Islands; and
- 15. I agree to notify the CIIPA of any changes to the information provided in this form occurring after submission and before approval of the licence and thereafter for as long as I am registered and licensed.

Exceptions to Declarations

In the case of any exception(s) to the declarations, provide details of the exception in a cover letter to the application. The Council will, at its sole discretion, determine whether the exception should preclude the granting of a licence.

Date		Signature	
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