

APPLICATION FOR REINSTATEMENT OF MEMBERSHIP

IMPORTANT: • Please complete ALL sections in BLOCK LETTERS using BLACK or BLUE ink.

Effective November 1, 2017



Before completing this form, applicants should read carefully the guidelines for Reinstatement of Membership which are to be found in the CPD Guidelines to be found on our website at <https://icatt.org/system/guidelines-for-continuing-professional-development/>. The electronic format of this form may be completed at the members' login at <https://icatt.org/system/members-home/>. Alternatively, you may complete this version of the form and email to service@icatt.org.

SECTION A - PERSONAL INFORMATION

Name: _____
Surname First Middle Title Mr. Mrs. Ms. Miss Dr

Home Address: _____

Country: _____ Nationality: _____

Mailing Address (if different from above): _____

Email Address: _____ Date of Birth (dd/mm/yyyy): ____/____/____ Male Female

Telephone/Mobile Contact: _____

Place of employment: (if applicable) _____

Address of employer: (if applicable) _____

Position held : _____

Membership No: _____ Year of last subscription paid _____

Former membership category: Member - Auditing Member - Practising Non-Practising Member MRO

Reason(s) for lapse in membership: (If the space provided is inadequate, please continue on a separate page and attach it to this form)

To be completed by Reciprocal Members

Are you a member in good standing of an IFAC member body approved by Council? YES NO

If YES, please state

Name of IFAC member body _____ Date of Admission _____

If NO, note that you required to provide a letter of good standing with this application.

Have you provided evidence of good standing? YES NO

SECTION B - EMPLOYMENT DETAILS / APPROVED ACCOUNTANCY EXPERIENCE

In this section, applicants must provide details of employment between the date of the lapse in membership and the present.

From	To	Name of Employer	Location	Position	Nature of Work
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

SECTION C - PRACTISING INTENT

Any member who undertakes work within ICATT's definition of public practice must hold a Practising or Auditing Certificate from ICATT. Public Practice is defined as undertaking any audit or signing or producing any accounts or report(s) or certificate of tax return(s) concerning any person/organisation's financial affairs that may be relied upon by a third party.

1. Please indicate whether you sign or produce any accounts or report(s) or certificate or tax return (s) concerning any person/organisation's financial affairs that may be relied upon by a third party. YES NO

2. If Yes, please indicate the type of clients you serve
(a) Audit YES NO
(b) Practising YES NO

If you ticked "a" or "a" and "b", please apply for an **Auditing Certificate**

If you ticked only "b", please apply for a **Practising Certificate**

SECTION D - CONTINUOUS PROFESSIONAL DEVELOPMENT (CPD)

This part of the form should be completed only by applicants for reinstatement to membership. This section will be completed only by persons who were:

- Delisted from the register for non-payment of fees and wish to be reinstated.
- Removed from the register for non-compliance with CPD obligations

Persons who were who were removed from the register for any reason must submit CPD evidence for all years for which subscriptions were not paid.

ICATT's CPD Guidelines can be found at <https://icatt.org/system/guidelines-for-continuing-professional-development/>

Please complete the CPD Evidence form available on the Members' Login area.

Please submit copies to ICATT's Secretariat. Scanned copies may be emailed to service@icatt.org

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CPD EVIDENCE FORM

Complete this form only if you have been selected for a review

DESCRIBE THE LEARNING ACTIVITY (E.G. TYPE OF ACTIVITY, SUBJECT MATTER COVERED ETC.)	THE NAME OF CPD PROVIDER (E.G. NAME OF MENTOR/COACH, COURSE PROVIDER, OWN RESEARCH, RELEVANT PUBLICATION ETC.)	DATE OF THE ACTIVITY	RELEVANCE OF THE ACTIVITY HOW WAS LEARNING APPLIED	NUMBER OF CPD UNITS CLAIMED PER ACTIVITY *	THE NUMBER UNITS (SUPPORTING EVIDENCE MUST BE ATTACHED)	
					VERIFIABLE	NON-VERIFIABLE

NB: * One hour of activity equals one hour of CPD Unit

SECTION E - MEMBERSHIP CERTIFICATES

Please indicate whether a replacement certificate is required. This should only be requested if the original has been lost or previously returned to ICATT.

- I returned my ICATT certificate(s) and therefore I require a replacement
- I lost my ICATT certificate(s) and therefore I require a replacement

SECTION F - FIT AND PROPER DECLARATION

- a) Are there any criminal charges or professional disciplinary proceedings pending against you? YES NO
- b) Have you ever been:
1. Found guilty of a criminal offence? YES NO
 2. Adjudged bankrupt? YES NO
 3. Subject to disciplinary proceedings by a professional body/registered society? YES NO

If you have answered yes to any of the above, please provide details and attach other page(s) as needed:

- c) Has any regulatory body ever refused to issue you with a licence or revoked, cancelled, accepted surrender of, suspended, or refused to renew a professional license/certificate held by you now or previously or ever fined, censured, reprimanded or otherwise disciplined you? YES NO
- If yes, please provide details and attach other page(s) as needed:

SECTION G - DECLARATION OF APPLICANT

I confirm that I have read the Notes at the end of this section and I declare that:

- In signing ICATT's Application for Reinstatement of Membership, I confirm that I will abide by the provisions of ICATT's Rules and Regulations 2018, the Code of Ethics, and relevant standards as adopted by ICATT (and/or any subsequent regulations replacing or amending, in full or part, these regulations)
- I have met the ethical, educational and experience requirements and have provided evidence of this in the required manner and format.
- I understand that my Application for Reinstatement of Membership may be refused if I have not demonstrated that my experience and knowledge is up to date.
- I will use the designation 'Chartered Accountant' and the designatory letters 'CA' only while I remain a member of ICATT.
- I understand that if I engage in any public practice activities as defined by the Rules of ICATT, I will need to hold an ICATT Auditing or Practising Certificate.
- I acknowledge my duty to the public to ensure that the quality of my knowledge and service is maintained after qualification; I therefore accept my responsibility to undertake adequate continuing professional development.
- I agree to pay the reinstatement fees and any penalties due and understand that I will be invoiced on the approval of my application. I am aware that a failure to pay fees due to ICATT by January 1st by each year may lead to removal from the register of members.
- I have included everything ICATT needs to know, and there is nothing else I should bring to ICATT's attention at the present time.
- The information provided in this form is true, accurate and complete to the best of my knowledge and belief. I understand that a false declaration on this form may lead to disciplinary action against me and/or may invalidate any decision related to the application.

NOTES:

The ICATT Rules and Regulations 2018, the Code of Ethics, and/or any relevant standards as adopted by ICATT outline 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 ICATT's Rules or Regulations; disciplinary action against you by another professional body or regulator; bankruptcy or insolvency; failure to satisfy a judgment debt without reasonable excuse within three 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 omission which brings, or is likely to bring, discredit to you, a relevant firm, ICATT or the accountancy profession.

Applicant's Signature: _____

Date (dd/mm/yyyy): ____/____/____

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METHOD OF PAYMENT TO ICATT

The Annual Subscription is due on January 2nd of each year immediately following registration.

METHOD OF PAYMENT

Linx **Visa/MasterCard** **Bank Draft/ Cheque** **Bank Deposit** **Online Banking**

- Linx payments are made at **ICATT Office only**.
- Bank Draft / Cheque **(Please make cheque or bank draft payable to ICATT)**.
- Bank Deposit **FCB A/C# 015006099670 (Place your name & reg. no. is on the receipt and be faxed to 627-7087)**
- Online Banking via **First Citizens Bank Limited** or ICATT online payment at www.icatt.org

OFFICIAL USE ONLY

Application Processed By: _____ **Signature:** _____ **DATE (dd/mm/yyyy):** ____/____/____
(Name)

PARTICULARS	YES	NO	COMMENTS
Completed application received / checked			
Remittance of \$ ____ (\$ ____ annual subscription and ____ penalty)			
Confirmation of employment (current position held, time employed and a brief description of responsibilities)			
For membership obtained via reciprocal provisions, a letter of good standing from the applicant's membership body approved by ICATT			

Application Reviewed by: _____

Verified by Chief Executive Officer: _____

Date submitted to Council for approval: _____

DECISION OF COUNCIL:

Approved Deferred Not Approved

Where an applicant is Not Approved/Deferred, please state reason:

Signature, Secretary of Council _____

Date Certificate Mailed/Delivered/Collected _____