

Registration Form 2016-2017 (Member Firm)

SECTION A

Name of Firm	
Contact Person	
Type of entity (body corporate/partnership/other to specify)	
Correspondence Address	
Phone	
Mobile- Contact person	
Fax	
E-mail	

SECTION B -PRACTICE DETAILS

Please indicate the firm's specialisms with a tick in the boxes below

1	Audit		11	Financial Management	
2	Assurance		12	Treasury	
3	Information Technology		13	Consultancy	
4	Insolvency and/ or Recovery		14	Planning & Strategy	
5	Management Consultancy		15	Management Accounting	
6	Investment Advice		16	Pensions	
7	Taxation		17	Marketing	
8	Training or Human Resources		18	Administration	
9	Practice Management		19	Company Secretarial	
10	Global Business		20	Other(please specify).....	

SECTION C - List of Partners/Directors of the Firm (add a separate list if required)

Name	Address	Identity No	MIPA Registration No. if applicable
			MRN /
			MRN /
			MRN /
			MRN /
			MRN /
			MRN /
			MRN /
			MRN /
			MRN /

SECTION D - List of MIPA Members (add a separate list if required)

Name	Address	Identity No	MIPA Registration No.
			MRN /
			MRN /
			MRN /
			MRN /
			MRN /
			MRN /
			MRN /
			MRN /
			MRN /

SECTION E -Declaration (for member firms only) - (Under Section 54(3) of The Financial Reporting Act 2004 and Rule 5 of the Rules governing Membership Requirements of MIPA).

On behalf of the member firm, I hereby declare that:

1. At least half of the partners of the firm are registered with MIPA.
2. The firm and the partners individually undertake that they shall be bound by the disciplinary provisions of the rules of MIPA.
3. I confirm that to the best of our knowledge, no partner or MIPA member from the firm has been convicted or been found guilty for any criminal offence in any country.
4. The firm holds an up to date professional indemnity insurance (**Please attach a copy**), or provides such other financial guarantee as determined by MIPA.
5. I confirm that the details I have given are true to the best of my knowledge at the time of signing.
6. If there is a change in the particulars of the firm, I undertake to inform MIPA within 30 days of this change.
7. I confirm that the firm's MIPA members have read the IFAC Code of Ethics issued by the IESBA and adhere to the same.

Date: _____ **Signature:** _____

Name of person signing on behalf of the firm: _____

Stamp of firm:

SECTION F - Subscription (1 July 2016 to 30 June 2017)

	Application Fees	Rs	Annual Membership Fees	Rs
Member Firm	_ Members x Rs 1,000 (up to 4 Members)		_ Members x Rs 1,000 (up to 4 Members)	
	_ Members x Rs 500 (Additional Members)		_ Members x Rs 500 (Additional Members)	
Total due				<i>Rs</i>

SECTION G: List of documents to be submitted along with registration form are:

- ✓ A copy of business registration card
- ✓ A copy of Professional Indemnity Insurance (PII) for the firm (Updated)
- ✓ Letterhead of the firm,
- ✓ A copy of PBA Certificate of each Partner/Director or professional signing on behalf of the firm
- ✓ Continuity Practice Agreement (if only one partner/director in practice)
- ✓ Certificate of incorporation or other registration document with Registrar
- ✓ Shareholding structure(also known as particulars of company at registration)

SECTION H - AUTHORISATION

On behalf of the firm, I, the undersigned, hereby authorise the Mauritius Institute of Professional Accountants to contact my registering Professional Accountancy Organisation to disclose more information on the particulars above.

Date

Signature.....

Name.....

Position in firm.....

Official Stamp