

(Established under Financial Reporting Act 2004)

PRACTISING CERTIFICATE APPLICATION FORM (2023/2024)

The Practising Certificate Application Form (thereinafter referred to as the 'Application Form') contains two parts: Part 1 and Part 2. All Sections, A to I, under Part 1: General Information are COMPULSORY. Sections A to G under Part 2: Supervised are COMPULSORY and choose 3 out of the remaining 6 Sections, H to M. Applicants for a licence with audit should fill in **all sections** H to M.

You are requested to carefully read the Public Practice Guide and Procedures and the Guidance Notes before completing this form. You are required to submit true, accurate and fair information throughout this Application Form.

PART 1 - GENERAL INFORMATION

Section A - Personal Details

Membership Registration Number	MRN /
Title (e.g Mr/Mrs/Miss)	
Last Name	
Maiden Name (if applicable)	
First Name(s)	
Nationality	
NIC Number or Passport Number	
Date of Birth	
Age	
Gender	
Residential Address	
Phone Number	
Mobile Number	
Fax	
Email Address	

Section B - Employment Details

Name of Employer		
Address of Employer		
Contact Details of Employer	Email:	Phone:







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	PIOLESSICITO ACCOUNTAINS	
ĺ	Your Title/Position at Work	





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Sector (Tick as Appropriate)	Public Practice		
	Accounting/Audit Firm		
	Academic/Education		
	Public Sector/Government		
	Commerce/Business Industry		
	Others (Please Specify)		
Please provide the name(s)	Name of firm/company	Operational/Dormant	Nature of Activities
of firm/company where you			
are a shareholder/partner or	1.		
director	2.		
	3.		

Section C - Professional Details

Professional Accountancy Body	
Membership Number	
Date of Membership	
Do you hold a Practising Certificate	
from your Professional Accountancy	
Body?	

Section D - Practising Details

Date you intend to commence	
practising	
You intend to commence	Sole practitioner
practising as (Tick as	Partner/director
Appropriate)	Both a sole practitioner/director and partner/director
Name of firm(s)/company(ies) in	
which you intend practising	1.
	2.
	3.
MIPA Membership Registration	
Number of above-mentioned	
Firms/Companies (If any)	1.





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	2.
	3.
Section E - Professional Indem	nity Insurance
Insurance Company	
Policy Number	
Valid up to	
Amount Insured	
If you practise in more than one fir	<u>m,</u>
please attach PII in respect of each	
practising status.	
Section F - Continuity of Practi	ce Arrangements
Have you made valid arrangements	s for Yes No No
the continuity of your practice in ca	ise
of death or incapacity?	
Name of practice with which you h	ave
made arrangements	
I have attached a copy of such	Yes No No
continuity of practice	
	<u> </u>
Section G - Business Sector	
Please tick () boxes below to indi	cate the nature of business carried by your organisation
1. Agriculture, Forestry, Fisheries	
2. Building, Construction, Civil En	gineering
3. Business Services / Consultancy	
4. Catering, Hotels, Tourism	
5. Distribution – Retail and/ or Wh	olesale
6. Financial Services / Property – F	Banking, Insurance, Investment Management Companies, Security
Dealing, Property and Real Estate	
7. Food, Drink and Tobacco	
8. Government, Public Sector, Reg	ulatory Rodies etc







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9. Industry – Tools, Chemicals / Plastics, Textiles, Pharmaceuticals, Domestic Products, Electrical	
Goods, Electronics, Furniture/ Wood Products, Printing, Packaging	
10. Media –Arts, Entertainment, Publishing, etc.	
11. Utilities – Power, Electricity, Gas, Water Supply	
12. Social Services, Health and Education	
13. Transport Storage, Shipping, Telecommunications	
14. Others (Please specify)	
-	

Section H - Business Services

Please indicate with a tick (\checkmark) in the columns below the services you into	end to offer	
1. Management Accounting		
2. Financial Management		
3. Taxation		
4. Internal Audit		
5. Statutory Audit		
6. Corporate Accounting & Reporting		
7. Management Consultancy		
8. Investment Advice		
9. Insolvency and/ or Recovery		
10. Treasury		
11. Planning & Strategy		
12. Training or Human Resources		
13. Practice Management		
14. Global Business		
15. Administration		
16. Company Secretarial		
17. Pensions		
18. Marketing		
19. Information Technology		
20. Other (Please specify)		
-		







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Section I – AML/CFT Activities

Please indicate if you prepare or carry out transactions for your clients concerning the fol	llowing activities w	ith a tick (🗸) in the
column below		
List of Activities as Per Recommendation 22 of the Financial Action Task Force	Yes	No
1. Buying and selling of real estate		
2. Managing of client money, securities, or other assets		
3. Management of bank, savings, or securities accounts		
4. Organisation of contributions for the creation, operation or management of legal		
persons such as a company, a foundation, a limited liability partnership or such other		
entity as may be prescribed		
5. Creating, operating or management of legal persons such as a company, a foundation,		
an association, a limited liability partnership or such other entity as may be prescribed,		
or legal arrangements, and buying and selling of business entities		
6. Another person to incorporate, register or set up, as the case may be, a company, a		
foundation, a limited liability partnership or such other entity as may be prescribed		
7. providing a registered office, a business address or an accommodation, a		
correspondence, or an administrative address for a legal person such as a company, a		
foundation, a limited liability partnership or such other entity as may be prescribed;		
8. acting, or causing for another person to act, as a nominee shareholder for another		
person.		
Note: Failure to provide accurate and true information to this section is a breach of se	ction 19J of FIAM	ĹA





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PART 2 - SUPERVISED EXPERIENCE

Section A - Educational History

Year of Completion of Tertiary Education	
Name of Qualification (Please attach Transcript)	
Date of Membership with your Professional	
Accountancy Body	
Please attach transcript	
Have you undertaken any other studies? Please	
specify and attach evidence	





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Section B - Employment History

Please provide a summary of your employment record in this section. Ensure that you include all supervised experience relevant taking into consideration areas of competence specified in Annex A of the PUBLIC GUIDE AND PROCEDURES.

Name of organisation	Job Title(s)	Responsibilities	Period	Name of Supervisor:
and nature of				
business activities ¹				
				MRN:
				Job Title:
				Email Address:
				I have reviewed this section of
				the Application Form and
				confirm that the member has
				held such responsibilities at the
				firm/company for the stated
				period. I further consent to
				MIPA contacting me to verify
				the information provided in
				this section. I undertake to
				inform MIPA of any reason
				why the member should not be
				issued with a Practising
				Certificate.
				Signature:
				Company Seal:

¹ Please continue on a separate sheet for each employer if necessary.



International Federation of Accountants®



Statement of achievement:

Mauritius Institute of Professional Accountants

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Section C - Professionalism and Ethics

You are expected to demonstrate professional and ethical behaviour at all times. As a member of a Professional Accountancy Body, you are bound by its Code of Ethics and Conduct, and you are expected to apply ethical standards as set out by the International Ethics Standards Board for Accountants' Code of Ethics for Professional Accountants (IESBA Code). MIPA, as a member of International Federation of Accountants (IFAC) and Pan African Federation of Accountants (PAFA), lays great emphasis on its members respecting and applying high ethical standards. You are to observe the following Principles: Integrity; Objectivity; Professional Competence and Due Care; Confidentiality; and Professional Behaviour.

Declaration of Supervisor:
I,), confirm that the applicant has demonstrated
and achieved the above requirements under my supervision. I undertake to inform MIPA of any inaccuracy, misinterpretation and
misleading information provided in the statement above. I further consent to MIPA contacting me to verify the information provided in the statement above.
in this section.
Signature:
Name of organisation and nature of business activities:
Job Title:







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Section D - Stakeholder Relationship Management

As a public accountant, you will be required to (i) maintain confidentiality and develop working relationships as well as (ii) establish processes and procedures to attract and screen clients.

Statement of achievement:
Declaration of Supervisor:
I,
Signature:
Name of organisation and nature of business activities:
Job Title







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Section E –Strategy and Innovation

The nature of your work as a public accountant will consist of ensuring that you are able to monitor and maintain the quality of service to clients and develop and implement new products and services. This may entail that you have a strong sense of understanding the developments that can be made to your products and services and how you can use technology and innovation to enhance the quality of your products and services and deliver on customer service standards.

Statement of achievement:
Declaration of Supervisor:
I,, confirm that the applicant has demonstrated and achieved the above requirements under my supervision. I undertake to inform MIPA of any inaccuracy, misinterpretation and
misleading information provided in the statement above. I further consent to MIPA contacting me to verify the information provided in this section.
Signature:
Name of organisation and nature of business activities:
Job Title:







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Section F – Practice Development

As a member in public practice, you will need to engage with and service clients. It is therefore imperative that you have strong business acumen to set and agree on the fees for your clients. You will also be expected to monitor resources, information and people of your practice and maintain adequate information systems for use in your organisation.

Statement of achievement:
Declaration of Supervisor:
I,
Signature:
Name of organisation and nature of business activities:
Job Title:







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Section G -AML/CFT

You are expected to be well versed with AML/CFT requirements as well as hold the necessary skills to perform CDD, EDD, Risk Assessment, and so on. You ought to be able to explain AML/CFT matters to clients and provide related advice. Attending to AML/CFT matters and enquiries from the authorities on behalf of clients is a competence that you ought to have.

Statement of achievement:
Declaration of Supervisor:
I,
Signature:
Name of organisation and nature of business activities:
Job Title:







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Section H -Leadership and Management

Developing leadership skills is essential for the effective running of your organisation. Identifying personnel requirements and monitoring and managing the performance of your staff is an ongoing responsibility that you will be expected to have. Your role as a public accountant will also require you to allocate work, assess and provide feedback on the work of staffs in a timely manner.

Statement of achievement:
Declaration of Supervisor:
I,
Signature:
Name of organisation and nature of business activities:
Job Title:







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Section I - Corporate Reporting and Financial Management

For the purposes of preparing financial and other statements and accounts for clients, as well as providing financial information to clients, you will be expected to have a minimum of corporate reporting and financial management skills.

Statement of achievement:
Declaration of Supervisor:
I,
and achieved the above requirements under my supervision. I undertake to inform MIPA of any inaccuracy, misinterpretation and
misleading information provided in the statement above. I further consent to MIPA contacting me to verify the information provided in this section.
Signature:
Name of organisation and nature of business activities: Job Title:







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Section J -Business Advice, Development and Measurement

You may be expected to provide advice and support to clients for the purposes of meeting their statutory obligations. Therefore, you ought to have a minimum level of knowledge and awareness of statutory requirements and how they relate to your clients. As a public accountant, you may also be called for to provide business strategy, planning and development advice to clients or equally in assisting clients with the evaluation of potential business opportunities. You will need to have adequate knowledge of business planning techniques as well as a clear understanding of political, economical, technological, and social environment to assist you in undertaking appraisal in order to provide sound advice to clients.

Statement of achievement:
Declaration of Supervisor:
I,
misleading information provided in the statement above. I further consent to MIPA contacting me to verify the information provided
in this section.
Signature:
Name of organisation and nature of business activities:
Job Title:







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Section K – Sustainable Management Accounting

As a public accountant, you may be expected to develop and implement accounting systems for your clients. This would then entail that you have a clear understanding of their organisation; be able to determine which accounting system would best fit your dient's requirements as well as being able to provide training to them on the newly implemented systems. Controlling the expenditure and monitoring the budgets of clients may also be an area that you may be involved in. As such, you would then be expected to be able to monitor and evaluate business performances of your clients.

Statement of achievement:
Declaration of Supervisor:
I,
Signature:
Name of organisation and nature of business activities:
Job Title:







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Section L -Taxation

You are expected to be well versed with tax requirements as well as hold the necessary skills to perform tax computations and assessment. You ought to be able to explain tax positions to clients and provide tax related advice. Attending to tax matters and enquiries from tax authorities on behalf of clients is a competence that you ought to have.

Statement of achievement:
Declaration of Supervisor:
I,
Signature:
Name of organisation and nature of business activities:
Job Title:







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Section M -Business Consultancy and Internal Review

In some cases, you may be expected to conduct internal reviews for your clients as well as carry out investigations. You will be then required to hold the necessary skills in terms of being able to gather relevant evidence, perform the necessary analysis of evidence as well as report on your findings and make clear recommendations.

Statement of achievement:
I,
Signature:
Name of organisation and nature of business activities:
Ioh Title:







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SECTION N - FEES

		Rs	Rs
Public Accountant (PBA) Application Fee Annual Fee	Application Fee	Rs25,000	
	Annual Fee	Rs 5,000	
Total Payable			

SECTION O – DOCUMENT TO BE SUBMITTED ALONG WITH REGISTRATION FORM

- ✓ A copy of the National Identity Card/Passport
- ✓ An updated Professional Indemnity Insurance Cover
- ✓ A copy of the Continuity Practice Agreement
- ✓ Curriculum Vitae
- ✓ A copy of Residential/Occupational/Work Permit (where applicable)
- ✓ Professional level certificate or transcript from Professional Accountancy Organisation
- ✓ Testimonial/Undertaking from employer(s)
- ✓ Evidence of CPD completed.
- ✓ Motivation letter:
- 1) Why candidates believe he/she is ready for practice
- 2) Candidate's self-assessment of strengths and areas of improvement

Note: Failure to provide applicable document(s) at the time of registration might result in delays or refusal to processthe registration.





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