



Mauritius Institute of Professional Accountants

Mauritius Institute of Professional Accountants

(Established under Financial Reporting Act 2004)

FOR OFFICE USE:

Registration No: MRN/.....

RE-ADMISSION FORM 2018/2019

(For Public Accountants)

SECTION A - PERSONAL DETAILS

Title		
Surname		
Forename(s)		
Maiden Name		
Nationality	NIC No.	
Date of Birth		
Age		
Correspondence Address		
Phone		
Mobile		
Fax		
E-mail		
De-registration Date/Year		
Name and contact details of Employer		
Name and contact details of Member Firm of Accountants (if applicable)		

Qualifications (Please submit documentary evidence for professional qualifications)

Academic Qualifications	
Name of Institute	
Date Qualified	
Membership Number	

For Office Use Only

Deregistration Date/Year	
Reason for Deregistration	
Membership annual fees up to date until deregistration	YES/NO



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PRACTISING CERTIFICATE – *Documentary Evidence has to be provided*

Do you hold a practising certificate from a qualifying professional Accountancy Institute(s) as per the Companies Act 2001?	YES/ NO
If yes, please indicate which institute?	

SECTION B – WORKPLACE – EMPLOYMENT AND/OR PRACTICE DETAILS

Please indicate your main personal specialisms with a tick (✓) in the columns below

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

SECTION C - THOSE IN COMMERCE & INDUSTRY ONLY

Sector:

Position in Organisation:

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Suite 1104, 11th Floor, SIT Business Centre, THE CORE, 62, Cybercity, Ebene

Tel: 4677096 Fax: 4681880

Email: info@mipa.mu Website: www.mipa.mu



International Federation of Accountants®



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SECTION D - Declaration (for individual members only) - (Under Section 51(5) and 52 of The Financial Reporting Act 2004 and Rules 5 and 10.1 of the Rules governing Membership Requirements of MIPA).

I hereby declare that:

1. I am a citizen of Mauritius or, being an expatriate, I hold or I am legally exempted from holding a work permit/occupation/residence permit.
2. I am a compliant member of the Professional Accountancy Body from which I have qualified.
3. I have not been convicted or been found guilty for any criminal offence in any country.
4. I have not been subject to a disciplinary action by a Professional Accountancy Body /Regulatory Authority. I undertake that, for so long as I am a member, I will observe the rules and regulations of MIPA.
5. I confirm that I hold a **valid Practising Certificate** (Where Applicable) from my professional body. **(Please attach a copy)** (If not applicable, please ignore).
6. I hold an up to date Professional Indemnity Insurance **(please attach a copy)**, or provide such other financial guarantee as determined by MIPA.
7. I confirm that the details I have given are true to the best of my knowledge at the time of signing. If there is a change in my particulars, I undertake to inform MIPA within 30 days of this change.
8. I agree to settle all amounts due to MIPA to membership deregistration date and enclose herewith the sum of Rs, representing my arrears for the years
(If not applicable, please ignore).
9. I also enclose herewith the sum of Rs, representing the application and subscription fees, as detailed below.
10. I confirm that I have read the IFAC Code of Ethics issued by the IESBA for Professional Accountants and adhere to the same.

Date: _____

Signature: _____



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Section E: Payment

		Rs	Rs
Public Accountant	Application Fees	Rs 5,000	
	Annual Fees	Rs 2,000	
	Annual Fees in Arrears		
Total due			

SECTION F: List of documents to be submitted along with re-admission form are:

Public Accountant:

- ✓ A copy of a valid Practising Certificate from Professional Accountancy Body (where applicable)
- ✓ An updated Professional Indemnity Insurance Cover
- ✓ Curriculum Vitae
- ✓ Testimonial/Undertaking from employer(s)
- ✓ A copy of Residential/Occupational /Work Permit (where applicable)
- ✓ A copy of Marriage Certificate (where applicable)

SECTION G - AUTHORISATION (ALL)

I, the undersigned, hereby authorise the Mauritius Institute of Professional Accountants to contact my registering Institute / Association to disclose more information on the particulars above.

Date: _____

Signature: _____