

Application to practice with a non-member

Applicable for practice entities approved under Rule 11.2 of the NZICA Rules

Please complete **all sections** and return the application and supporting documentation to Chartered Accountants Australia and New Zealand (CA ANZ) (see **page 8** for contact details). Please refer to our website for further information.

Sections 1–7:

To be completed by a managing principal or partner of the practice who holds a Certificate of Public Practice.

Section 1 – Practice entity details

Name of practice	<input type="text"/>			
Postal address	<input type="text"/>	Suburb	<input type="text"/>	
	City/Town	<input type="text"/>	Postcode	<input type="text"/>
Total number of principals	<input type="text"/>	Number of non-member principals	<input type="text"/>	

“Principal” means a person having a direct or indirect ownership interest in a Practice Entity and a governance role in that same structure in the nature of a shareholder and director of a company, a partner of a partnership, a person with the power of appointment of trustees, or a trustee in respect of a trust.

Section 2 – Non-member principal applicant details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other (please specify)	<input type="text"/>
Given name/s (in full)	<input type="text"/>				Surname	<input type="text"/>
Date of birth	<input type="text"/>					
	(DD/MM/YYYY)					
Position title	<input type="text"/>				Start date	<input type="text"/>
						(DD/MM/YYYY)

[Section 3](#) overleaf >

Section 3 – Specialist services

Please provide a detailed description of the nature of the services the non-member principal will undertake. Please note that non members offering accounting services as per Rule 10.1 and Appendix IV of the NZICA Rules are not eligible to be approved as a non-member principal (please continue on a separate sheet if necessary):

Section 4 – Support systems

Please describe the appropriate professional support systems that are in place for the intended non-member principal (please continue on a separate sheet if necessary):

Section 5 – Peer review process

Please explain the peer review process within your firm in respect of work to be undertaken by the intended non-member principal (please continue on a separate sheet if necessary):

Section 6 – Competency

Please provide details about the competency, expertise and level of confidence you have in the non-member principal for the specialist type of services he/she is intending to provide (please continue on a separate sheet if necessary):

Section 7 – Declaration

I, the undersigned, being a member of Chartered Accountants Australia and New Zealand (CA ANZ) holding a NZICA Certificate of Public Practice and a partner/principal in _____ a practice entity (as defined in Appendix IV of the NZICA rules) apply for permission to practise in a practice entity with the non-member detailed above in accordance with NZICA Rule 11.2 and in doing so, undertake to meet the requirements set out in section 3 of Appendix IV.

Please sign and date

Signature	<input type="text"/>	Full name of the qualifying principal	<input type="text"/>
		Date	<input type="text" value="/ /"/> (DD/MM/YYYY)

Sections 8–18

To be completed by the non-member principal applicant.

Section 8 – Personal details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other (please specify)	<input type="text"/>
Given name/s (in full)	<input type="text"/>				Surname	<input type="text"/>
Date of birth	<input type="text" value="/ /"/> (DD/MM/YYYY)					
Email	<input type="text"/>					
Phone (business)	<input type="text"/>			Mobile	<input type="text"/>	
Residential address	<input type="text"/>			Suburb	<input type="text"/>	
	City/Town	<input type="text"/>			Postcode	<input type="text"/>

Section 9 – Academic qualifications

In addition to the summary below, please attach copies of **qualification certificates**.

Name of completed qualification	Name of tertiary institution	Year completed

Section 10 – Practical experience

In addition to the summary below, please also attach your **CV**.

Duration of employment (MM/YYYY)	Name of employer	Position
/ to /		
/ to /		
/ to /		
/ to /		
/ to /		
/ to /		

Section 11 – Professional membership (if applicable)

Name of body

Postal address Suburb

City/Town Postcode

Website

Designation Date of admission / /
(DD/MM/YYYY)

Membership number

Please attach a **letter of consent** from your professional body(ies). The letter of consent should confirm that the body's rules do not prevent the applicant from being recognised as an NMP and being subject to the NZICA Act, Rules and Code of Ethics.

Section 12 – Professional references

Please attach **two references** either from a member(s) of your professional body and/or a Chartered Accountant.

Referee 1

Title Mr Mrs Miss Ms Other (please specify)

Given name/s (in full) Surname

Professional body Membership number

Practice name/
Company

Position title

Section 12 continued overleaf >

Referee 2

Title Mr Mrs Miss Ms Other (please specify)

Given name/s (in full) Surname

Professional body Membership number

Practice name/
Company

Position title

Section 13 – Public Practice Program (PPP)

Please check the appropriate box regarding the PPP: (please select **only** one option)

Completed on:
(DD/MM/YYYY)

I have completed CA ANZ’s Public Practice Program

I have registered for the CA ANZ Public Practice Program

I request an exemption from the CA ANZ Public Practice Program as I have completed an in-house partner program approved by CA ANZ

I request an exemption from the CA ANZ Public Practice Program for the following reason:

Section 14 – Bankruptcy, crimes, offences and disciplinary action

We require that you submit a current criminal convictions record obtained from the New Zealand Ministry of Justice.

Please note that a conviction or offence will **not** automatically result in a declined application. Each case will be considered on its own merits and such details will be kept strictly confidential.

If you have lived in any country other than New Zealand for 12 months or more in the last ten years, we require a **police clearance certificate** from that jurisdiction.

Please select the relevant option to the following questions.

Pleaded guilty to or been convicted of a criminal offence Yes No

Been subject to any disciplinary action or adverse findings by a regulator, professional body or other organisation Yes No

Experienced an insolvency event, either personally (such as bankruptcy) or in respect of a Practice Entity of which you are a Principal (such as a receivership, liquidation or administration) Yes No

Section 14 continued overleaf >

Been refused a registration or licence in a professional capacity or had one cancelled or suspended or had a condition imposed Yes No

Anything else to declare that could affect your fit and proper standing under the CA ANZ Bylaws, NZICA Rules or any relevant legislation? Yes No

If you have answered **Yes** to any of the above questions, please provide details below (or as an attachment):

Section 15 – Privacy statement and Declaration

Privacy statement

New Zealand Institute of Chartered Accountants (NZICA) is a body corporate established under the New Zealand Institute of Chartered Accountants Act 1996 (NZ).

NZICA and Chartered Accountants Australia and New Zealand ABN 50 084 642 571 (CA ANZ) (together us or we) respectively collect, hold, use and disclose personal information (as defined in applicable legislation) about you in accordance with CA ANZ’s privacy policy available at www.charteredaccountantsanz.com/privacy-policy (CA ANZ Privacy Policy).

Some of the personal information we collect may comprise ‘sensitive information’ (as defined in applicable legislation) including information relating to membership of a trade or professional association or union, criminal records, health or other sensitive information to the extent that it is reasonably necessary for one or more of the functions or activities of NZICA and/or CA ANZ (as applicable). We only ever use such sensitive information to the extent that it is reasonably necessary for one or more of the functions or activities of NZICA and/or CA ANZ (as applicable) or as otherwise permitted under applicable laws.

NZICA collects your personal information to fulfil its statutory role in regulating the professional conduct of CA ANZ members resident in New Zealand. We may also collect the information on this application form for assessing and processing your application, for the management and administration of your status with NZICA and/or CA ANZ (as applicable) and to otherwise communicate with or manage our relationship with you. If you do not provide the personal information requested, we may not be able to process your application. NZICA and CA ANZ may disclose personal information to each other and each of our respective agents, contractors and service providers (such as where we outsource functions to third parties), to local and international professional bodies, and other regulators and government and statutory bodies in New Zealand and Australia. We may also collect information about individuals from a third party (such as other professional bodies with which we have reciprocal arrangements). It is likely that personal information will be disclosed to overseas recipients as provided in the CA ANZ Privacy Policy.

Section 15 continued overleaf >

By completing this form, unless you opt-out, you consent to us using and disclosing your personal information for promotional and marketing purposes. You can opt-out or change your communication preferences by contacting us at privacy@charteredaccountantsanz.com or on 1300 137 322 in Australia or 0800 469 422 in New Zealand. The CA ANZ Privacy Policy also sets out how you can seek to access and correct your personal information or raise a privacy concern or complaint and how it will be dealt with as well as details about the disclosure of your personal information to entities overseas.

CA ANZ is formed in Australia. Our members are not liable for our debts and liabilities.

I have read, understood and agree to and consent to the CA ANZ Privacy Policy and the Privacy Collection Statement above.

Additional Provisions for EU data subjects

The following additional provisions apply to you if the (EU) 2016/679 General Data Protection Regulation (GDPR) applies to you. GDPR will apply to you if you are or become a resident of the member states of the EU, Norway, Iceland and Liechtenstein (EU data subjects).

Lawful grounds: Under the GDPR, we are permitted to process your information for the purposes described above, by relying on one or more of the following lawful grounds: (a) you have explicitly agreed that we may process

your information for a specific reason; (b) the processing is necessary to perform the agreement we have with you or to take steps to enter into an agreement with you; (c) the processing is necessary for us to comply with our legal obligation; or (d) the processing is necessary for our legitimate interests, which include: (i) to protect our business interests; (ii) to ensure that complaints, including complaints about member conduct, are appropriately investigated; (iii) to evaluate, develop or improve our products and services; or (iv) to keep our members informed of relevant products and services, unless you indicate that you do not wish us to do so. We generally rely on your specific consent to process special categories of personal data (i.e., 'sensitive information'). However, in some cases (for example, relating to an alleged offence), we may need to use some of that information to comply with our legal obligations.

Withdrawing your consent: Where you have consented to our processing of your information (including special categories of personal data), you may withdraw your consent at any time. To do so, contact us using the details set out in our Privacy Policy. In some cases we may lawfully continue to process your information even after you withdraw your consent, by relying on the legal bases described above. Other important information such as transferring your personal data outside the European Economic Area information, your specific GDPR rights over your personal data and how and when we retain and destroy your personal data is explained in our Privacy Policy.

Declaration

I, _____ hereby declare that:
(print full name)

- I intend, as a non-member, to practise in the approved practice entity with members of Chartered Accountants Australia and New Zealand (CA ANZ) holding NZICA Certificates of Public Practice
- The information that is provided in this application is true and correct.
- I agree to pay the annual fee as determined by NZ Regulatory Board.
- I authorise CA ANZ and NZICA to obtain at any time, from any person or entity, any information about me that CA ANZ and NZICA considers necessary or desirable to obtain to process this application and to service and maintain my status, and I authorise any such person or entity to release this information to CA ANZ and NZICA.

Please sign and date

Signature

Full name
Date
(DD/MM/YYYY)

Section 16 – Agreement for participation in a practice entity

This agreement is between the non-member who wishes to practice with members in an approved practice entity (under Rule 11 of the NZICA Rules) and NZICA.

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other (please specify)	<input type="text"/>
Given name/s (in full)	<input type="text"/>				Surname	<input type="text"/>
Position title	<input type="text"/>				Start date	<input type="text"/> / <input type="text"/> / <input type="text"/> <small>(DD/MM/YYYY)</small>
Practice entity name	<input type="text"/>					
Postal address	<input type="text"/>			Suburb	<input type="text"/>	
	City/Town	<input type="text"/>			Postcode	<input type="text"/>

I, the non-member named above, agree:

- To abide by the New Zealand Institute of Chartered Accountants Act and any subsequent amendments
- To abide by the New Zealand Institute of Chartered Accountants Rules and any subsequent amendments
- To abide by the NZICA Code of Ethics and any subsequent amendments
- To subject myself to the disciplinary process under the New Zealand Institute of Chartered Accountants Act, and Rules
- That I shall remain subject to the disciplinary processes under the aforementioned Act and Rules in the event that I am subsequently prohibited from practising in a practice entity with members
- Not to describe myself as a Chartered Accountant
- To pay an annual non-member association fee.

Subject to the NZICA Rules, CA ANZ agrees to permit the above-named non-member to practice in a practice entity with members of Chartered Accountants Australia and New Zealand (CA ANZ).

Signed by the non-member named above

Signature	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/> <small>(DD/MM/YYYY)</small>
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Signed by the representative of CA ANZ

Signature	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/> <small>(DD/MM/YYYY)</small>
Position title	<input type="text"/>		

Section 17 – Fees

Application fee: \$525 (including GST)

An invoice will be raised on submission of the application

Non-member principal subscription fees

The subscription fee is based on a financial year (July–June) and is calculated from the date of approval of this application. A pro-rata fee applies if the application is made in any month other than July. The annual subscription fee can be found on our website.

Section 18 – Checklist

- | | |
|---|--|
| <input type="checkbox"/> Fully completed application by qualifying principal and non-member principal | <input type="checkbox"/> Professional references – two are required |
| <input type="checkbox"/> Evidence of academic and professional qualifications | <input type="checkbox"/> Letter requesting deferral or dispensation from the PPP (if applicable) |
| <input type="checkbox"/> CV detailing experience | <input type="checkbox"/> Additional information on bankruptcy, crimes, offences or disciplinary action (if applicable) |
| <input type="checkbox"/> Letter of consent from professional body (if applicable) | <input type="checkbox"/> Agreement for participation in a practice entity (in duplicate) |
| <input type="checkbox"/> Ministry of Justice Criminal Conviction Certificate and (if applicable), Police Clearance Certificate from the overseas jurisdiction | |

Section 19 – Submitting your application form

How to submit your application

Please return your completed application form (with accompanying attachments) to:

Email assessment@charteredaccountantsanz.com

Any questions

For further enquiries or additional information please contact the Member Support Team on:

Email service@charteredaccountantsanz.com

Phone **Australia**

1300 137 322 or +61 2 9290 5660 (outside of Australia)
7am–7pm (AEST), Monday–Friday (excl. Public Holidays)

New Zealand

0800 4 69422 or +64 4 474 7840 (outside of NZ)
9am–9pm (NZ time), Monday–Friday (excl. Public Holidays)

Website charteredaccountantsanz.com