

Chartered Accountants Australia and New Zealand

# Application to practice with a non-member

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

Practice Identification Number (if known)

Please complete **ALL** the sections below, and return the application with payment to Chartered Accountants Australia and New Zealand (CA ANZ) . Please print in **BLOCK LETTERS**. Please refer to our website for further information.

(Sections 1-6 need to be completed by a managing principal or partner of the practice)

## Section 1 - Practice Entity details

Name of Practice	<input type="text"/>		
Postal address	<input type="text"/>	Suburb	<input type="text"/>
City	<input type="text"/>	Postcode	<input type="text"/>
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 information

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Other	If other <input type="text"/>
Given name/s	<input type="text"/>						
Family name	<input type="text"/>						
DOB	<input type="text"/>						
Position title	<input type="text"/>	Start date	<input type="text"/>				

### Section 3 - 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 4 - 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 5 - 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.

### Section 6 - 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.

Signature	<div style="border: 1px solid black; height: 40px;"></div>
Full name of the qualifying principal	<div style="border: 1px solid black; height: 25px;"></div>
Date	<div style="border: 1px solid black; padding: 2px 10px;">/ /</div>

(Section 7 - 19 is to be completed by the non-member principal applicant)

### Section 7 - Applicant details

Title  Mr  Mrs  Miss  Ms  Dr  Other If other

Given name/s

Family name  DOB

Email address

Phone (wk)  (mb)

Practice entity name  Branch

Position title  Date of appointment

Postal address

City  Postcode

### Section 8 - Academic Qualifications

In addition to the summary below, please attach certified copies of qualification certificates for the qualification to be recognised.

Name of completed qualification	Name of Tertiary Institution	Year completed

### Section 9 - Practical experience

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

From	To	Name of employer	Position

### Section 10 - Professional membership (if applicable)

Name of body

Postal address of

Website

Date of admission  Designation

Membership number

### Section 11 - Consent from Professional Body (if applicable)

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 (form attached) either from a member(s) of your professional body and/or a Chartered Accountant.

Referee 1

Title  Mr  Mrs  Miss  Ms  Dr  Other If other

Given name/s

Family name

Professional body  Membership no:

Position title  Practice name:   
Company/

Postal address

Referee 2

Title  Mr  Mrs  Miss  Ms  Dr  Other If other

Given name/s

Family name

Professional body  Membership no:

Position title  Practice name:   
Company/

Postal address

### Section 13 - Specialist Services

Please provide a detailed description of the nature of the services you intend to undertake as a Non-Member Principal. 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 required)

### Section 14 - CA ANZ Public Practice Program

Have you attended the CA ANZ course for new practitioners or an approved alternative course?  Yes  No

If yes – please provide the name of the course and date of attendance

Course  Date  /  /

If no – please attach a letter requesting deferment or dispensation from the requirement

## Section 15 - 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 10 years, we require a police clearance certificate from that jurisdiction. You may apply for such certificates from the New Zealand immigration website.

	Yes	No
Have you ever been convicted of any crime or offence punishable by fine or imprisonment, or are there any charges pending?		
Are you, or have you ever been, adjudged bankrupt or made an assignment for the benefit of your creditors?		
Are you, or have you ever been, subject to disciplinary proceedings by a statutory, professional or other body in respect of your professional capacity?		
Are you, or have you been, prohibited by the Registrar of Companies from managing a company?		
Have you failed to satisfy a judgement debt within the last seven years where payment has been ordered by a court in New Zealand or overseas?		
Have you been subject to disciplinary proceedings by a tertiary education institution?		

If your answer to any of the above is Yes, please provide additional information

## Section 16 - Declaration

I, \_\_\_\_\_ (print full name) hereby declare that

- 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 the 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.

## PRIVACY COLLECTION 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 <http://www.charteredaccountants.com.au/privacy> (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.

Signature

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.

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](mailto: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 CA ANZ's Privacy Policy and the Privacy Collection Statement.

Name:

Date:

## 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.

## Section 17 - 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"/> Dr	<input type="checkbox"/> Other	If other	<input type="text"/>
Given name/s	<input type="text"/>					Family name	<input type="text"/>	
Position title	<input type="text"/>					Start date	<input type="text"/>	
Practice entity name	<input type="text"/>							
Postal address	<input type="text"/>							
City	<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, the Institute agrees to permit the above-named non-member to practice in a practice entity with members of the Institute

Signed by the non-member named above	<input type="text"/>		
Date	<input type="text"/>		
Signed on behalf of the Institute	<input type="text"/>		
Institute Representative	<input type="text"/>		
Date	<input type="text"/>	Position title	<input type="text"/>

## Section 18 - Payment details

**Application fee:** \$525 (incl GST)

Payable by:

Visa  Mastercard  Amex

Card no.

Expiry date  /

Cardholder name

Cardholders signature

## Section 19 - Checklist

- |   |   |
|---|---|
| <input type="checkbox"/> Applicant to practise in a practice entity with non-member (from managing principal of CA firm)                                      | <input type="checkbox"/> Professional references – two are required   |
| <input type="checkbox"/> Application to practise in a practice entity with a member (from non-member principal applicant)                                     | <input type="checkbox"/> Letter requesting deferral or dispensation from the course for new practitioners (if applicable) |
| <input type="checkbox"/> Evidence of academic and professional qualifications   | <input type="checkbox"/> Additional information on bankruptcy, crimes, offences or disciplinary action (if applicable)    |
| <input type="checkbox"/> CV detailing experience  | <input type="checkbox"/> Application fee  |
| <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 20 - Submitting your application form

### HOW TO SUBMIT YOUR FORM

Please email your completed form to:

**EMAIL** [assessment@charteredaccountantsanz.com](mailto:assessment@charteredaccountantsanz.com)

**OR**



If you have a 'digital signature' simply click the submit button

### ANY QUESTIONS

If you have any questions you can contact the Service Centre at:

**EMAIL** [service@charteredaccountantsanz.com](mailto:service@charteredaccountantsanz.com)

**PHONE AUSTRALIA** 1300 137 322  
+61 2 9290 5660 (outside of Australia)  
8AM–6PM (AEST) Monday – Friday (excl. Public Holidays)

**NEW ZEALAND** 0800 4 69422  
+64 4 474 7840 (outside of New Zealand)  
8AM–6PM (NZ time) Monday – Friday (excl. Public Holidays)

**WEBSITE** [charteredaccountantsanz.com](http://charteredaccountantsanz.com)