

Application by a previous member for

Readmission to Membership

Please complete **ALL** the sections (1 – 12) and return this application to Chartered Accountants Australia and New Zealand (CA ANZ) (see **page 9** for contact details).

Section 1 – Membership type

Chartered Accountant (CA) Associate Chartered Accountant (ACA) Accounting Technician (AT)

Section 2 – Personal details

Title Mr Mrs Miss Ms Other (please specify)

Given name/s (in full) Surname

Preferred name Previous name

Date of birth / /
(DD/MM/YYYY)

Section 3 – Contact details

Residential contact details

Street address Suburb/City

State Postcode Country

Email (home)

Email (alternative)

Phone (home) Phone (business) Mobile

Mail contact details (if different to above)

Company name (if applicable)

Position title

Postal address Suburb/City

State Postcode Country

Section 4 – Criteria/requirements

Please list details of your employment. (Please attach additional pages to this application if space provided is insufficient.)

Current company name

Company street address Suburb/City

State Postcode Country

Position title

Employment type Full-time Part-time at hours per week

Duration of employment / / to / / = years months
(DD/MM/YYYY) (DD/MM/YYYY)

Firm type Chartered CPA Public Accounting Other (please specify)

Previous company name

Company street address Suburb/City

State Postcode Country

Position title

Employment type Full-time Part-time at hours per week

Duration of employment / / to / / = years months
(DD/MM/YYYY) (DD/MM/YYYY)

Firm type Chartered CPA Public Accounting Other (please specify)

Previous company name

Company street address Suburb/City

State Postcode Country

Position title

Employment type Full-time Part-time at hours per week

Duration of employment / / to / / = years months
(DD/MM/YYYY) (DD/MM/YYYY)

Firm type Chartered CPA Public Accounting Other (please specify)

Section 5 – Registrations/Authorities

Please indicate whether you hold any of the following registrations/authorities.

		Registration number
1. Are you a Registered Company Auditor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
2. Are you a Registered Company Liquidator?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
3. Are you a Registered Tax Agent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
4. Are you a Registered BAS Agent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
5. Are you a Registered Trustee in Bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
6. Are you a Registered Tax (Financial) Advisor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
7. Are you an Approved SMSF Auditor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
8. Are you a reviewer of Second Tier Companies Limited by Guarantee in accordance with the <i>Corporations Act 2001</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Do you provide personal advice under an Australian Financial Services Licence ("AFSL")?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If you answered **No**, please go to **question 10**

If you answered **Yes**, please complete the questions **below**:

a) Which situation(s) apply/ies to you personally?

(i) I personally hold an AFSL

(ii) I am a representative or an authorised representative under an AFSL

(iii) I operate under a corporate authorised representative under an AFSL

b) If you are on ASIC's Financial Advisers Register ("FAR"), what is your Financial Adviser Number?

c) What type of AFSL do you operate under? Full Limited Limited authority under a full licence

d) What type of client do you provide services to? Retail Wholesale Retail and Wholesale

10. Australian Credit Licence (ACL)

a) I personally hold an ACL Yes No

b) I am a representative of an ACL Yes No

If you ticked **Yes** to either **10(a)** or **10(b)** please provide the following details:

Full name of the ACL

ACL number

Section 6 – References

You will be required to provide references in line with following requirements (the **Readmission reference forms** are on pages 10, 12 and 14).

If you are seeking readmission after resigning from membership or where your membership was cancelled for non-payment of fees:

- Where the application for readmission is made within three (3) months of membership ceasing, no references are ordinarily required; or
- Where the application for readmission is made between three (3) and six (6) months of your membership ceasing, one reference from an individual Member of at least three (3) years standing of CA ANZ or of an Eligible GAA Body in support of your admission and attesting to your professional competence and that you are of good reputation and a fit and proper person to be admitted to CA ANZ; or
- In all other cases, three (3) references from individual Members of at least three years standing of CA ANZ or of an Eligible GAA Body in support of your admission and attesting to your professional competence and you are of good reputation and a fit and proper person to be admitted to CA ANZ.

If you are seeking readmission as a result of your membership ceasing as a result of disciplinary proceedings:

- Three (3) references are required from individual Members of at least three (3) years standing of CA ANZ or of an Eligible GAA Body provided that:
 - All references must include statements from the referee indicating awareness of the reasons for the cancellation of your membership, supporting your admission, attesting to your professional competence, and confirming that you are of good reputation and a fit and proper person to be admitted to CA ANZ; and
 - At least one (1) of these individual Members shall have known and had contact with you for the whole of the period since cessation of membership; and
 - The other individual Members shall have known you for at least three (3) years.

Please note: References must each be completed by a **different person**. Referees cannot be related to you. The member referee must have been a member of CA ANZ or a recognised reciprocal body for 3 years. References must be signed within 3 months of application.

Section 7 – Continuing Professional Development

You must provide details of the Continuing Professional Development (CPD) you have undertaken since the cessation of your membership. Information on what activities qualify as [CPD](#) can be accessed on our website. (If the space provided is insufficient, please make an additional copy of this page, and attach it to your application.)

Duration of Continuing Professional Development: to
(DD/MM/YYYY) (DD/MM/YYYY)

Date (DD/MM/YYYY)	Organisation presenting CPD activity	Description of CPD activity (Refer Regulation CR 7)	No. of CPD hours
/ /			
/ /			
/ /			
/ /			
/ /			
/ /			
/ /			
/ /			
/ /			
Total hours			

Section 8 – Certificate of Public Practice (CPP)

Are you required to hold a Certificate of Public Practice (CPP)?

You **must** complete our online interactive tool with your application if you are **resident** in Australia or New Zealand. The online interactive tool can be accessed here: <https://survey.charteredaccountantsanz.com/doineedacpp/>

Important: Do **not** complete this section if you are a resident **outside** of Australia and New Zealand.

I have completed the 'Do I need a CPP? online interactive tool, and: (please select **ONE** only)

- I am required to hold a CPP and have completed an *Application for CPP*
- or**
- I am **not** required to hold a CPP and reside in Australia. I have attached the **conclusion page** from the 'Do I need a CPP?' online interactive tool.
- or**
- I am **not** required to hold a CPP and reside in New Zealand

Section 9 – Bankruptcy, crimes, offences and disciplinary action

A positive answer to any of the questions in this section will not automatically result in a declined application. Each case will be considered individually on its merits. Details will be kept confidential.

Have you ever been before any court of law in any jurisdiction in Australia, New Zealand or elsewhere and pleaded guilty to, or been found guilty of, any criminal offence which has not been set aside on appeal, or a criminal charge is pending against you? Yes No

Are you presently or have you ever been adjudged bankrupt or made an assignment for the benefit of your creditors (if applying for NZ membership) or; Have you executed an authority under Part X of the *Bankruptcy Act 1966*? (if applying for Aus membership) Yes No

Are you, or have you ever been prohibited by the Registrar of Companies from managing a company? (if applying for NZ membership) or; Are you presently, or have you been subject to a notice not to manage a corporation as provided in Part 2D.6 of the *Corporations Act 2001*, or been refused registration for any of the registrations identified in CR 2.7? (if applying for Aus membership) Yes No

Are you, or have you ever been subject to disciplinary proceedings by a Tertiary Education Institution? Yes No

Are you, or have you ever been subject to disciplinary proceedings by a statutory, regulatory, professional, or other body in respect of your professional capacity? Yes No

Section 9 continued overleaf >

New Zealand residents only: Please read carefully

Record of New Zealand criminal convictions

CA ANZ requires that you submit a current criminal convictions record obtained from the New Zealand Ministry of Justice (dated within 6 months of your application) with your application for readmission to membership. The appropriate form (Priv/F1) can be downloaded from www.justice.govt.nz.

Please note your rights under the Criminal Records (Clean Slate) Act 2004 before requesting a copy of your criminal record.

Where you do not have any criminal convictions recorded, you must still submit the record you receive from the Ministry of Justice with your application for full membership. Applicants who have not been to or lived in New Zealand are not required to submit a Priv/F1 form.

Please check the box if you have not been to or lived in New Zealand.

Charges pending

Please provide details of any charges pending before a court in New Zealand or overseas. (Specify the jurisdiction.)

Overseas police clearances

If you have lived in any country other than New Zealand for periods of twelve months or more during the last 10 years, you are required to obtain police clearance certificate(s) from the country or countries where you have lived. The certificate(s) must be original(s) or photocopies signed by a NZ Justice of the Peace and less than six months old at the time your application is submitted. Original documents will not be returned. Further information about obtaining a police clearance certificate is available on the New Zealand immigration website at www.immigration.govt.nz.

A conviction or offence will not automatically result in a declined application. Each case will be considered individually on its merits. Details of any convictions will be kept confidential.

Section 10 – Privacy statement and Declaration

Privacy statement

Important: Your consent to disclosure

By providing personal information to us in this form you consent to CA ANZ:

- (a) Disclosing to third parties your (current or former) status as a member or candidate of CA ANZ;
- (b) Disclosing to regulators, law enforcement bodies, professional associations and government or statutory bodies the details of any final adverse determinations (including sanctions) in relation to your professional and/or ethical conduct that are made by CA ANZ's Professional Conduct bodies; and
- (c) Collecting from third parties information relating to your membership of a trade or professional association or union, your criminal record (if any), your health, religious beliefs or affiliation, racial or ethnic origin and any other sensitive information to the extent that it is reasonably necessary for one or more of the functions or activities of CA ANZ.

We collect, use and disclose your personal information in connection with your application, the management and administration of candidates and/or programs, the provision of products and services and/or to communicate with you. If you do not provide your personal information, we may be unable to process your application. We may disclose your information to agents, contractors and service providers such as where we outsource functions and to other third parties such as local and international professional bodies, ASIC and other regulators and government bodies. By completing this form, unless you opt-out, you consent to us also using and disclosing your 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. We may also have collected information about you from a third party, for instance from other professional bodies with which we have reciprocal arrangements. Your information will also be used and disclosed as set out in CA ANZ's Privacy Policy, available at www.charteredaccountantsanz.com/privacy-policy. It is likely that your personal information will be disclosed to overseas recipients (as provided in our Privacy Policy, including the location of those entities). The Privacy Policy sets out how CA ANZ handles your personal information including how you can seek to access and correct your information or raise a privacy concern with us and how it will be dealt with as well as details about the disclosure of your information to entities overseas.

This Privacy Statement also applies to and is adopted by the New Zealand Institute of Chartered Accountants (NZICA). NZICA may collect, store, use and disclose your personal information in the performance of its regulatory functions under the New Zealand Institute of Chartered Accountants Act 1996 (NZ) in accordance with this Privacy Statement. Chartered Accountants 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

The information you provide in this application is covered by this declaration. Please indicate your consent and acceptance of these undertakings (by signing below):

I, (print name) _____

the undersigned, in making this application declare that:

- I acknowledge that in completing this form or applying for membership (as the case may be), if I am resident in, or practice the profession of accountancy in, New Zealand at any time, in addition to my CA ANZ membership, I will also be admitted as a member of the New Zealand Institute of Chartered Accountants (**NZICA**) and subject to the regulatory requirements applicable to members in New Zealand, available [here](#).
- I have read and agree to be bound by CA ANZ's Supplemental Royal Charter, By-Laws and Regulations (and the NZICA Act and NZICA Rules to the extent they apply to me), all applicable Codes of Ethics, guidelines and any documents prescribing any ruling on the standards or practice and professional conduct, including the technical standards, as required by CA ANZ and NZICA (if applicable).
- I agree to abide by the lawful decisions of the CA ANZ Board and NZICA Regulatory Board (if applicable) and any Regional or Local Council, Professional Conduct body, Standing or other Committees or Officer of CA ANZ or NZICA (if applicable) who may, in accordance with the Supplemental Royal Charter or the By-laws, NZICA Act or NZICA Rules (if applicable) have delegated functions or powers to make lawful decisions.

- We would like to send you relevant marketing materials about our products, services, activities and events. Please tick this box if you are happy for us to send such direct marketing materials by post and electronic means. You can opt-out at any time by following the directions set out in the Privacy Statement and Privacy Policy.

- In consideration of CA ANZ's and NZICA's (if applicable) evaluation of my suitability for CA ANZ and (if applicable) NZICA membership, I understand and agree that confirmation of my responses will be sought.
- I understand that these checks may include, but are not limited to, criminal history and verification of my qualifications and professional membership(s). If CA ANZ or NZICA collect any 'sensitive information' (as defined in applicable privacy laws) about me, I understand such sensitive information will only ever be used to the extent that it is reasonably necessary for one or more of the functions or activities of CA ANZ and/or NZICA (as applicable) or as otherwise permitted under applicable laws.

By signing this form below, I declare that the information provided in this form is complete, true and correct. This form can be signed by manual signature or electronic signature (whether digital or encrypted). If this form is signed by electronic signature, it will have the same force and effect as a manual signature.

CA ANZ consents to you executing this Form by checking the box above.

Please sign and date

Signature

Date

(DD/MM/YYYY)

Section 11 – Fees

Fees payable:

- Applicants residing in Australia or overseas **AU\$ 640**
- Applicants residing in New Zealand **NZ\$ 740** (GST inclusive)

What happens next?

After processing your application, we will send you an invoice for the amount that you have indicated above.

Once your application has been assessed we will contact you having calculated the total fee payable for your current years subscription and readmission back fee. Once authorised by you we will create an invoice, process your payment and finalise the approval of your application. Your readmission back fee is calculated at 25% of the sum total of subscriptions that would have been paid during the whole of the period since cessation of membership. These back fees are capped at an amount decided by the board and are reviewed annually. We will calculate the total fee payable and contact you regarding further authorisation.

For details regarding current subscription rates please visit: <https://www.charteredaccountantsanz.com/member-services/manage-your-membership/renew-your-membership>

Section 12 – Documentary requirements/checklist

Please indicate which of the following is attached to your application:

- Completed **ALL** relevant sections (1 – 11)
- References (in line with requirements outlined in Section 6)
- CPD Record sheets attached (if applicable)
- Printout of your **conclusion page** from the 'Do I need a CPP?' online tool or appropriate documentation to support your answer in Section 8
- Documentation/further information to support 'Section 9 – Bankruptcy, crimes, offences and disciplinary action' (if applicable)

Section 13 – 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

Readmission reference form

The person completing this reference must **not be related** to the applicant and must have been a full CA member of Chartered Accountants Australia and New Zealand or a recognised professional body for three (3) years. A recognised professional body being any GAA body Chartered Accountants Australia and New Zealand has a current Reciprocal Membership Agreement with.

Note: this reference must be **signed and dated within three months** of the date the application is submitted.

Section 1 – Applicant’s details

Title Mr Mrs Miss Ms Other (please specify)

Given name/s (in full) Surname

Membership number

Section 2 – Referee’s details

Title Mr Mrs Miss Ms Other (please specify)

Given name/s (in full) Surname

Professional accounting body with which current full membership is held

Membership number Designation Date admitted / /
(DD/MM/YYYY)

Company name

Position title

Company street address Suburb/City

State Postcode Country

Email

Preferred phone number

[Section 3 overleaf >](#)

Office use only:

Full member for 3 years Declaration signed and dated Dated within 3 months of application

Section 3 – Declaration

Please confirm one of the following if applicable:

(Refer to Section 6, on page 4 of the *Readmission to Membership* form for requirements)

Please note that the below two check boxes only apply if applicant ceased membership with CA ANZ due to disciplinary proceedings.

I have known and had contact with the applicant for the whole of the period of cessation of membership being from until the current date.
(DD/MM/YYYY)

I have known the applicant for at least three (3) years.

I certify that the information given is true and correct.

Signature

Date

(DD/MM/YYYY)

Please confirm all of the following:

(The below three check boxes apply to **all** applicants)

I support and recommend the above mentioned applicant for membership of Chartered Accountants Australia and New Zealand. I attest to the applicant's professional competence and that he/she is of good reputation and a fit and proper person to be admitted to Chartered Accountants Australia and New Zealand.

I confirm that I am not related to the applicant and that all the information supplied above is true.

By signing this form below, I declare that the information provided in this form is complete, true and correct. This form can be signed by manual signature or electronic signature (whether digital or encrypted). If this form is signed by electronic signature, it will have the same force and effect as a manual signature.

Chartered Accountants Australia and New Zealand consents to you executing this form by checking the box above.

For assistance in completing the form, please contact us on:

Email assessment@charteredaccountantsanz.com

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7am-7pm (AEST), Monday-Friday (excl. Public Holidays)

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Given name/s (in full) Surname

Membership number

Section 2 – Referee’s details

Title Mr Mrs Miss Ms Other (please specify)

Given name/s (in full) Surname

Professional accounting body with which current full membership is held

Membership number Designation Date admitted / /
(DD/MM/YYYY)

Company name

Position title

Company street address Suburb/City

State Postcode Country

Email

Preferred phone number

[Section 3 overleaf >](#)

Office use only:

Full member for 3 years Declaration signed and dated Dated within 3 months of application

Section 3 – Declaration

Please confirm one of the following if applicable:

(Refer to Section 6, on page 4 of the *Readmission to Membership* form for requirements)

Please note that the below two check boxes only apply if applicant ceased membership with CA ANZ due to disciplinary proceedings.

I have known and had contact with the applicant for the whole of the period of cessation of membership being from until the current date.
(DD/MM/YYYY)

I have known the applicant for at least three (3) years.

I certify that the information given is true and correct.

Signature

Date

(DD/MM/YYYY)

Please confirm all of the following:

(The below three check boxes apply to **all** applicants)

I support and recommend the above mentioned applicant for membership of Chartered Accountants Australia and New Zealand. I attest to the applicant's professional competence and that he/she is of good reputation and a fit and proper person to be admitted to Chartered Accountants Australia and New Zealand.

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Membership number Designation Date admitted / /
(DD/MM/YYYY)

Company name

Position title

Company street address Suburb/City

State Postcode Country

Email

Preferred phone number

[Section 3 overleaf >](#)

Office use only:

Full member for 3 years Declaration signed and dated Dated within 3 months of application

Section 3 – Declaration

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I have known and had contact with the applicant for the whole of the period of cessation of membership being from until the current date.
(DD/MM/YYYY)

I have known the applicant for at least three (3) years.

I certify that the information given is true and correct.

Signature

Date

(DD/MM/YYYY)

Please confirm all of the following:

(The below three check boxes apply to **all** applicants)

I support and recommend the above mentioned applicant for membership of Chartered Accountants Australia and New Zealand. I attest to the applicant's professional competence and that he/she is of good reputation and a fit and proper person to be admitted to Chartered Accountants Australia and New Zealand.

I confirm that I am not related to the applicant and that all the information supplied above is true.

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