

Application for a

# Certificate of Public Practice by a New Zealand resident member

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).

## Section 1 – 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"/>				Family name	<input type="text"/>
Preferred name	<input type="text"/>				Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/> <small>(DD/MM/YYYY)</small>

## Section 2 – Contact details

### Residential contact details

Street address	<input type="text"/>	Suburb	<input type="text"/>
City/Town	<input type="text"/>	Postcode	<input type="text"/>
Postal address	<input type="text"/>	Suburb	<input type="text"/>
City/Town	<input type="text"/>	Postcode	<input type="text"/>
Email (home)	<input type="text"/>		
Phone (home)	<input type="text"/>	Mobile	<input type="text"/>

### Current business contact details

Company/Practice name	<input type="text"/>		
	<input type="checkbox"/> Primary employer	<input type="checkbox"/> Director Partner	<input type="checkbox"/> Principal
Street address	<input type="text"/>	Suburb	<input type="text"/>
City/Town	<input type="text"/>	Postcode	<input type="text"/>
Postal address	<input type="text"/>	Suburb	<input type="text"/>
City/Town	<input type="text"/>	Postcode	<input type="text"/>
Email (business)	<input type="text"/>		
Phone (business)	<input type="text"/>	Mobile	<input type="text"/>

**Proposed business contact details**

- Will you be practising with the above firm after attaining your Certificate of Public Practice?  Yes  No
- If you don't intend on practising at the above firm, will you be joining another CA firm?  Yes  No
- If you have answered **Yes** to either of the questions above, will you become a Director and/or majority shareholder of the firm?  Yes  No  N/A

If you are becoming a Director and/or majority shareholder of the firm, please ensure you complete a *Change of existing practice entity* form available on our website.

If you are joining another established CA firm, or establishing your own firm, please provide the contact details below:

Please note that if you are establishing your own firm, you will need to apply for approval using the *New practice entity* form available on our website.

Company/Practice name	<input type="text"/>		
Position title	<input type="text"/>		
Street address	<input type="text"/>	Suburb	<input type="text"/>
	City/Town <input type="text"/>	Postcode	<input type="text"/>
Postal address	<input type="text"/>		Suburb <input type="text"/>
	City/Town <input type="text"/>	Postcode	<input type="text"/>
Email (business)	<input type="text"/>		
Phone (business)	<input type="text"/>	Mobile	<input type="text"/>

**Preferred contact details**

- Postal address (select **one** only)
- |   |   |
|---|---|
| <input type="checkbox"/> Home street address              | <input type="checkbox"/> Home postal address              |
| <input type="checkbox"/> Current business street address  | <input type="checkbox"/> Current business postal address  |
| <input type="checkbox"/> Proposed business street address | <input type="checkbox"/> Proposed business postal address |
- Email (select **one** only)
- |                                     |   |  |
|-------------------------------------|---|--|
| <input type="checkbox"/> Home email | <input type="checkbox"/> Current business email | <input type="checkbox"/> Proposed business email |
|-------------------------------------|---|--|

**Section 3 – Professional Indemnity Insurance** (all applicants to complete)

The NZICA Rules require that a practice entity shall at **all times** have professional indemnity insurance cover that is adequate and appropriate to the nature and scale of the accounting services it offers to the public.

- Does the practice entity have professional indemnity insurance, as described above, either in your name or the name of the practice?  Yes  No

Level of cover

Please attach appropriate supporting documentation to your application.

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## Section 4 – Admission to Membership

To be eligible for a Certificate of Public Practice, members are required to have been a **Chartered Accountant** for at least **two** years. If you became a Chartered Accountant within the last two years, please attach supporting documentation to demonstrate that your experience is at the equivalent level. This should include a CV or resume and any other relevant information.

Have you been a Chartered Accountant with CA ANZ for more than 2 years?  Yes  No

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## Section 5 – Practical Experience

Please attach the completed **Practical Experience form** with this application. The practical experience period should cover at least **two** of the last seven years and be completed by a relevant supervisor or manager. You can submit multiple forms if you have had multiple employers during the period.

Was your relevant practice experience undertaken in a Public Practice environment?  Yes  No

If you are not joining an established multi partner practice or did not gain your practical experience in public practice, you will need to enter into a Practitioner Support Agreement which can be found on our website. If you did not gain your practical experience in public practice, please also provide a CV or resume to support your application.

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## Section 6 – Continuous Professional Development

Please confirm that you have met your ongoing professional development obligations.  Yes  No

All Chartered Accountants are required to complete a total of 120 hours of relevant CPD during their triennium comprising of:

- At least 90 verifiable hours;
- At least 20 hours annually; and
- At least 2 hours of verifiable ethics training.

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## Section 7 – Tax and law academic papers

Have you been admitted to membership via reciprocal membership?  Yes  No

If you have answered **Yes**, you may be required to complete approved courses in New Zealand Tax and Company Law.

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## Section 8 – Practitioner support person

Are you joining an established public practice firm?  Yes  No

If **No**, please attach the completed **Practitioner Support Agreement** to this application.

## Section 9 – Accounting services

Please describe the nature of accounting services you intend to provide:

Type of services	Please check the appropriate box
Business Advisory Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business/Share Valuation Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specialist Tax Advice	<input type="checkbox"/> Yes <input type="checkbox"/> No
Corporate Finance Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tax Compliance Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Restructuring, Insolvency and Turnaround Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Audit and Assurance Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Accounting Services	<input type="checkbox"/> Yes <input type="checkbox"/> No

If **Other Accounting Services** is selected, please provide details below:

## Section 10 – CA ANZ Public Practice Program

Please check the appropriate box regarding the Public Practice Program: (please select **only** one option)

**Completed on:**  
(DD/MM/YYYY)

- |  |     |
|--|-----|
| <input type="checkbox"/> I have completed CA ANZ's Public Practice Program   | / / |
| <input type="checkbox"/> I have registered for the CA ANZ Public Practice Program  | / / |
| <input type="checkbox"/> I request an exemption from the CA ANZ Public Practice Program as I have completed an in-house partner program approved by CA ANZ | / / |
| <input type="checkbox"/> I request an exemption from the CA ANZ Public Practice Program for the following reason:  |     |

## Section 11 – 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.

Have you ever pleaded guilty to, or been found guilty of, any criminal offence?  Yes  No

Have you ever been subject to disciplinary action or adverse findings by a regulator, professional body or other organisation?  Yes  No

Have you ever 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

Have you been refused a registration or licence in a professional capacity or had one cancelled or suspended?  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

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

## Section 12 – Character references

Please provide the details of two character references. Please provide their references on the required form to support your application. These can be found on our website.

### Reference 1

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other (please specify)	<input style="width: 95%;" type="text"/>
Given name/s (in full)	<input style="width: 95%;" type="text"/>			Family name	<input style="width: 95%;" type="text"/>	
Occupation	<input style="width: 95%;" type="text"/>					
Employer	<input style="width: 95%;" type="text"/>					
Email	<input style="width: 95%;" type="text"/>					
Phone	<input style="width: 25%;" type="text"/>	<input style="width: 40%;" type="text"/>	Mobile	<input style="width: 95%;" type="text"/>		

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## Reference 2

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"/>			Family name	<input type="text"/>	
Occupation	<input type="text"/>					
Employer	<input type="text"/>					
Email	<input type="text"/>					
Phone	<input type="text"/>	<input type="text"/>			Mobile	<input type="text"/>

## Section 13 – Further information

Please provide any further information you wish to include to support your application by detailing below (or as an attachment):

## Section 14 – 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](http://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. 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 NZICA and CA ANZ memberships and/or programs, for the provision of products and services to you 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 for a certificate of public practice.

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. By completing this

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form, unless you opt-out, you also consent to us disclosing information about your practice and/or business details to members of the public, including via our 'Find a CA' tool. 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, including the location of those entities) in which case your personal information will be treated securely and in accordance with data protection laws, including putting in place appropriate safeguards.

The CA ANZ Privacy Policy also sets out the contact details of our Privacy Officer and information regarding your rights (including how to withdraw your consent, if applicable), 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).

## Declaration

Please indicate your consent and acceptance of these undertakings.

I, (print name) \_\_\_\_\_ the undersigned, have read and agree to be bound by the CA ANZ Supplemental Royal Charter By-laws, Regulations, NZICA Rules, Code of Ethics, Guidelines and any documents prescribing any ruling on the standards of practice and professional conduct, including technical standards, as required by CA ANZ.

- I agree to abide by the lawful decisions of CA ANZ's Board or any Regional or Local Council, Professional Conduct Tribunal, Standing or other Committees or Officer of CA ANZ to whom the Board may, in accordance with the Supplemental Royal Charter or the By-laws, delegate its functions or powers.
- I attest that the information supplied is true and correct and agree to produce such further evidence and information in relation to this application as may be required by CA ANZ.
- I hold an appropriate level of professional indemnity insurance as required under NZICA Rules, Appendix IV, paragraph 2.10 and have attached a copy of the certificate of currency.
- I have undertaken training and development activities appropriate to the carrying out of public practice activities as required by Regulation CR7.
- I agree to provide any records (if required) to CA ANZ.
- 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 and subject to the regulatory requirements applicable to members in New Zealand, available [here](#).

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- I understand that I will be subject to Practice Review.
- I have read, understood and agree to all of CA ANZ's terms and conditions, and consent to the Institute's privacy policy and statement.
- In consideration of Chartered Accountants Australia and New Zealand's evaluation of my suitability for membership, I understand and agree that confirmation of my responses will be sought. These checks may include, but are not limited to, criminal history and verification of my qualifications and professional membership(s).

### Please sign and date

Signature

Date

  
(DD/MM/YYYY)

## Section 15 – Fees

### Certificate of Public Practice subscription fees

CPP holders are required to pay an annual subscription fee each financial year (1 July - 30 June). A pro-rated fee applies if your CPP application is approved part-way through the year. An invoice will be sent to you for payment once the application is finalised and will be invoiced as part of your annual subscription thereafter.

All CPP holders are also subject to Practice Review periodically which has an associated cost.

## Section 16 – Checklist

I have completed: (please cross)

All the applicable sections (1 - 15)

I have provided/attached the following: (please cross)

Evidence of current and appropriate Professional Indemnity Insurance

Completed *Practical Experience* form

Ministry of Justice Criminal Conviction Certificate and, if applicable, Police Clearance Certificate from the overseas jurisdiction

Practitioner Support Agreement (if applicable)

Character References – two are required

Evidence of tax and law academic papers (if applicable)

## Section 17 – Submitting your application form

### How to submit your application

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

**Email** [regulation.nzica@charteredaccountantsanz.com](mailto:regulation.nzica@charteredaccountantsanz.com)

### Any questions

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

**Email** [service@charteredaccountantsanz.com](mailto: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](http://charteredaccountantsanz.com)