

Cancellation of a Certificate of Public Practice (CPP)



Please fill in the Practice Entity's **Identification Number**, if known (please use a **BLACK** pen)

Please complete **ALL** the sections (1 – 5) below, and return the application to Chartered Accountants Australia and New Zealand (CA ANZ) (see page 3 for contact details). **Please print in BLOCK LETTERS.**

Section 1 – Personal details

Title Mr Mrs Miss Ms Other

Given name/s (in full) Family name

Preferred name Date of birth DD / MM / YY

Section 2 – Contact details

1. Residential contact details

Street address Suburb/City

State Postcode Country

PO Box address

State Postcode Country

Email (home)

Phone (home) Mobile

2. Business contact details

Company name

Position in company

Street address Suburb/City

State Postcode Country

PO Box address

State Postcode Country

Email (business)

Phone (business) Mobile

Firm type Chartered CPA Public Accounting Other (please specify)

3. Preferred contact details

Postal address: Residential street address Residential PO Box address Business street address Business PO Box address

Email address: Home Business

Important note: Completing Section 3

Please ensure that you attach a printout of your conclusion page from the '[Do I need a CPP?](#)' online questionnaire, located on our website. If, through completion of this questionnaire, you have determined that you are no longer required to hold a CPP and wish to have your existing CPP cancelled, please complete **Section 3**.

Section 3 – Cancellation of Certificate of Public Practice (CPP)**CPP cancellation statement**

I,

would like to cancel my CPP with the Chartered Accountants Australia and New Zealand.

Effective date

 / /
Further information

Please provide details of the reason for seeking cancellation of your CPP. (Please attach additional sheets if the space provided is insufficient.)

Registrations/Authorities

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

	Yes	No	Registration number
1. Are you a Registered Company Auditor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2. Are you a Registered Company Liquidator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
3. Are you a Registered Tax Agent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
4. Are you a Registered BAS Agent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
5. Are you a Registered Tax (Financial) Advisor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
6. Are you a Registered Trustee in Bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
7. Are you an Approved SMSF Auditor?	<input type="checkbox"/>	<input type="checkbox"/>	<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. Australian Financial Services Licence (AFSL)			
a) I personally hold an Australian Financial Services Licence (AFSL) or I have a governing role (e.g. director, trustee, principal) of an entity that holds an AFSL to provide financial product advice	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b) I am a representative/authorised representative of an AFS Licensee.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

If you ticked 'Yes' to either question 9(a) or 9(b) please provide the following:

Full name of AFS Licensee

AFSL number

10. Australian Credit Licence (ACL)?

a) I personally hold an Australian Credit Licence (ACL) Yes No

b) I am a representative/authorised representative of an ACL Yes No

If you ticked 'Yes' to either question 10(a) or 10(b) above please provide the following:

Full name of ACL

ACL number

Please note: Members who hold a statutory registration or licence who do not currently meet any of the criteria in CR2, will be recognised as monitored members.

Section 4 – Declaration

Please indicate your acceptance of these undertakings by crossing the boxes beside each statement:

- 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 am aware that it is a requirement that professional indemnity insurance be maintained through a period of not less than seven (7) years after ceasing practice (refer to Regulation CR2A for further details)
- I acknowledge that the information provided is made with due consideration of my obligations as a member of CA ANZ to uphold the principles of integrity, ethical practice, due care and professional behaviour
- I undertake to advise CA ANZ of any change in my circumstances that may require re-application for a CPP.
- I acknowledge and agree that by checking this box I will be taken to have signed this Form by hand for the purposes of all relevant laws, that I warrant the accuracy and truthfulness of the information provided in this form, and that Chartered Accountants Australia and New Zealand is entitled to and will rely on my checking this box as if I had signed this form by hand.

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

Signature Full name
Date

Section 5 – Checklist

Please ensure you have:

- Completed **all** the relevant sections of application form
- Attached printout of **conclusion page** from the 'Do I need a CPP?' questionnaire, confirming that I am not required to hold a CPP.

Section 6 – Submitting your application form

HOW TO SUBMIT YOUR FORM

Please email your completed form to:

EMAIL 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

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

PRIVACY POLICY

IMPORTANT: YOUR CONSENT TO DISCLOSURE

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

- Disclosing to third parties your (current or former) status as a member or candidate of CA ANZ;
- 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
- 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 members 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 by contacting us at privacy@charteredaccountantsanz.com. 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. 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.

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