

# Application to change an existing approved practice entity name and/or ownership or governance structure

*Applicable to practising entities approved under the NZICA Rules, Appendix IV, Rule 2.2(c)*

Please fill in the Practice membership number, if known

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## Section 1 – Practice entity details (all applicants to complete)

|                               |                      |                      |                      |
|-------------------------------|----------------------|----------------------|----------------------|
| Name of Practice entity       | <input type="text"/> |                      |                      |
| Business address              | <input type="text"/> |                      |                      |
| Postal address (if different) | <input type="text"/> |                      |                      |
| City                          | <input type="text"/> | Postcode             | <input type="text"/> |
| Telephone                     | <input type="text"/> | <input type="text"/> |                      |
| Email Address                 | <input type="text"/> |                      |                      |
| Website                       | <input type="text"/> |                      |                      |

## Section 2 – Nature of changes to be made (all applicants to complete)

Please select one or more of the following.

The practice entity above is requesting approval to change the:

- Practice name - complete Section 3       Practice structure changes (shareholdings/governance) – complete Section 4       Other

If other is selected, please provide more details:

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| <br><br><br><br> |
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### Section 3 – Change of practice entity name (complete only if applicable)

Please provide the new name of the practice entity and a copy of your firm’s letterhead.

Please provide the rationale for the name change.

### Section 4 – Change in practice shareholding and /or governance (complete only if applicable)

Please provide the details of all persons having a direct or indirect ownership interest in the practice entity

“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.

“Qualifying Principal” means a Principal holding a NZICA Certificate of Public Practice

Please list all partners, principals, trustees, directors of the practice entity:

| Name | Member ID (if applicable) | % holding in the practice entity | Actively involved in the provision of professional services (if any) | Chartered member who holds a Certificate of Public Practice | Non Member Principal of NZICA or Affiliate member of CA ANZ |
|------|---------------------------|----------------------------------|--|---|---|
|      |                           |                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No             | <input type="checkbox"/> Yes <input type="checkbox"/> No    | <input type="checkbox"/> Yes <input type="checkbox"/> No    |
|      |                           |                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No             | <input type="checkbox"/> Yes <input type="checkbox"/> No    | <input type="checkbox"/> Yes <input type="checkbox"/> No    |
|      |                           |                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No             | <input type="checkbox"/> Yes <input type="checkbox"/> No    | <input type="checkbox"/> Yes <input type="checkbox"/> No    |
|      |                           |                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No             | <input type="checkbox"/> Yes <input type="checkbox"/> No    | <input type="checkbox"/> Yes <input type="checkbox"/> No    |
|      |                           |                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No             | <input type="checkbox"/> Yes <input type="checkbox"/> No    | <input type="checkbox"/> Yes <input type="checkbox"/> No    |
|      |                           |                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No             | <input type="checkbox"/> Yes <input type="checkbox"/> No    | <input type="checkbox"/> Yes <input type="checkbox"/> No    |

### Section 5 – Professional Indemnity Insurance (all applicants to complete)

The NZICA Rules require that the practice entity shall at all times have professional indemnity insurance cover, 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?  Yes  No    Level of cover

Has the insurance provider been notified of the above changes in the practice?  Yes  No

**Privacy Collection Statement**

New Zealand Institute of Chartered Accountants (NZICA or we) is a body corporate established under the New Zealand Institute of Chartered Accountants Act 1996 (NZ). NZICA collects, holds, uses and discloses personal information (as defined in applicable legislation) about you in accordance with the privacy policy of Chartered Accountants Australia and New Zealand (CA ANZ) available at <http://www.charteredaccountants.com.au/privacy> (CA ANZ Privacy Policy).

Some of the personal information we collect comprises ‘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.

NZICA collects your personal information to fulfil its statutory role in regulating the professional conduct of CA ANZ members resident in New Zealand. If you do not provide personal information, we may not be able to process your new practice entity 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.

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.

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) which may describe itself as an Approved Practice Entity

- Confirm that all individuals/entities with responsibility for the standard of professional work undertaken as a principal of the practice entity have been named in this form and agree to provide such evidence of the practice entity participants as required by CA ANZ
- Undertake that on any change in directors, shareholders or principals of the practice entity by which the practice entity member ceases to comply with the requirements of Appendix IV of the NZICA Rules relating to Public Practice, CA ANZ will be notified immediately

- Confirm the existence of a contract of professional indemnity insurance which: is valid and binding; and is adequate and appropriate to the practice
- Undertake to provide CA ANZ with such information relating to claims data and/or professional indemnity insurance arrangements and other information as may be requested from time to time to comply with the ongoing monitoring and reporting requirements under the NZICA Rules

Signature

Name:

Date:

 /  /

## Section 7 - Checklist

- |  |   |
|--|---|
| <input type="checkbox"/> All relevant sections of the application form have been completed | <input type="checkbox"/> Copy of Company constitution (if applicable) |
| <input type="checkbox"/> A copy of practice entity letterhead (if applicable)              | <input type="checkbox"/> Copy of Trust Deed (if applicable)           |
| <input type="checkbox"/> Copy of the Certificate of Incorporation (if applicable)          |   |

## Section 8 - 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**

|                    |   |
|--------------------|---|
| <b>AUSTRALIA</b>   | 1300 137 322                            |
|                    | +61 2 9290 5660 (outside of Australia)  |
|                    | 8AM–6PM (AEST) Monday – Friday          |
|                    | (excl. Public Holidays)                 |
| <b>NEW ZEALAND</b> | 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)

### Explanatory notes to the New Practice Entity application

#### PRACTICE ENTITY DETAILS

Please provide both registered postal and street addresses if they differ. If any of these details change you should advise our Service Centre.

#### GENERAL INFORMATION – PRACTICE ENTITY

A Certificate of Public Practice (CPP) holder makes the application to use an Approved Practice Entity under the NZICA Rules, particulars of which are provided below and in Appendix IV.

In consideration of the Regulatory Board consenting to the appointment of those members named in the application as Qualifying Principals of the Approved Practice Entity, the Qualifying Principal(s):

(a) Acknowledge that the principals named in Section 4 of this application shall be responsible for and accountable to CA ANZ and NZICA for the conduct of the Approved Practice Entity and that they shall be liable to disciplinary action for any failure by the Approved Practice Entity to comply with the Institute's Act, Rules and Code of Ethics

(b) Declare that the members named, will hold current CPPs and will continue to hold such Certificates so long as the members are Qualifying Principals of the Approved Practice Entity:

(c) Undertake;

(i) to procure compliance by the Approved Entity with the Rules;

(ii) to inform CA ANZ of any proposed or actual change in relation to the name, principals (including non-member principals), percentage voting rights, shareholders and share capital (if applicable), composition of the board of all directors (if applicable), registered office and to procure the entity to provide such other information in respect of the Approved Practice Entity as the Regulatory Board may from time to time require;

(iii) to continue to maintain in force a contract of insurance which provides the Approved Practice Entity with professional indemnity cover appropriate to the nature and scale of the accounting services it offers to the public, and to advise the Institute if the contract of insurance is refused, cancelled or lapses;

(iv) to comply with all Financial Reporting obligations relating to the treatment of goodwill, as well as comply with all other reporting requirements that are applicable to the Approved Practice Entity, in the preparation of the financial statements of the Approved Practice Entity