

Application by a previous member for

# Readmission to Membership

Please fill in your **Membership Number**, if known (please use a **BLACK** pen)

Please complete **ALL** the sections (1 - 12) below, and return this application with payment to Chartered Accountants Australia and New Zealand (CA ANZ) (see page 8 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 .....>

Given name/s (in full)

Preferred name

Previous name

Family name

Date of birth (DD/MM/YYYY)

## Section 3 – Contact details

### 1. Residential contact details

Street address

Suburb/City

State

Postcode

Country

Email (home)

Email (alternative)

Phone (home)

Phone (business)

Mobile

### 2. Mailing contact details (if different to above)

Company Name  
(if applicable)

Position title

Street address

Suburb/City

State

Postcode

Country

## Section 4 – Professional experience

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

<b>Company name</b>	<input style="width: 100%;" type="text"/>		
Company street address	<input style="width: 100%;" type="text"/>		
State	<input style="width: 150px;" type="text"/>	Postcode	<input style="width: 100px;" type="text"/>
Country	<input style="width: 100%;" type="text"/>		
Position title	<input style="width: 100%;" type="text"/>		
Employment type	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time ..... at <input style="width: 50px;" type="text"/> hours per week		
Duration of employment	<input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> to <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> = <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>		
	<small>Years                  Months</small>		
Firm type	<input type="checkbox"/> Chartered <input type="checkbox"/> CPA <input type="checkbox"/> Public Accounting <input type="checkbox"/> Other (please specify) ..... <input style="width: 150px;" type="text"/>		

  

<b>Company name</b>	<input style="width: 100%;" type="text"/>		
Company street address	<input style="width: 100%;" type="text"/>		
State	<input style="width: 150px;" type="text"/>	Postcode	<input style="width: 100px;" type="text"/>
Country	<input style="width: 100%;" type="text"/>		
Position title	<input style="width: 100%;" type="text"/>		
Employment type	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time ..... at <input style="width: 50px;" type="text"/> hours per week		
Duration of employment	<input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> to <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> = <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>		
	<small>Years                  Months</small>		
Firm type	<input type="checkbox"/> Chartered <input type="checkbox"/> CPA <input type="checkbox"/> Public Accounting <input type="checkbox"/> Other (please specify) ..... <input style="width: 150px;" type="text"/>		

## Section 5 – Australian 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 style="width: 100px;" type="text"/>
2. Are you a Registered Company Liquidator?	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100px;" type="text"/>
3. Are you a Registered Tax Agent?	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100px;" type="text"/>
4. Are you a Registered BAS Agent?	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100px;" type="text"/>
5. Are you a Registered Trustee in Bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100px;" type="text"/>
6. Are you a Registered Tax (Financial) Advisor?	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100px;" type="text"/>
7. Are you an Approved SMSF Auditor?	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100px;" 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"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does an Australian Financial Services Licence (AFSL) apply to you in any way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

d) Where an AFS Licence applies to you, check which situation applies to you personally:

I personally hold this AFS Licence  
 Date commencing holding this licence

I am an Authorised Representative under this AFS Licence  
 Authorised Representative number   
 Date authority commenced

I am a director of this entity which holds an AFS Licence  
 Date commenced being an AFSL director   
 I operate under a corporate authorised representative of an AFSL  
 Name of corporate authorised representative   
 Authorised representative number   
 Your representative number (if applicable)   
 Date commenced operating under this corporate authorised representative

Where an AFS Licence applies to you, please complete this section. If you are associated with multiple AFS Licences, please provide a schedule with the below information for each.

a) AFS Licence Type  
 Full     Limited     Limited authority under a full licence

b) Name of AFS Licensee

c) AFS Licence Number

I am an employee or other Representative (other than the above) under this AFS Licence

Date commenced being a representative  /

Representative number (if applicable)

I am a Responsible Manager under this AFS Licence

e) Type of advice:

- General  
 Personal  
 General and Personal (not required for responsible manager)

f) Type of client:

- Retail  
 Wholesale  
 Retail and Wholesale (not required for responsible manager)

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 10(a) or 10(b) above please provide the following:

Full name of ACL

ACL number

Date commenced holding ACL/being a representative of an ACL

/

## Section 6 – References

You are required to provide written references from three (3) individual members of Chartered Accountants Australia and New Zealand in support of your readmission, provided that:

- 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 the applicant 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

### PART A – Complete if you do not reside in New Zealand

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).

1. Continuing Professional Development for (dates)  /  to  /

### 2. Please supply details of each Continuing Professional Development activity

**Please note:** If you hold a statutory registration your CPD requirements have changed. From 1 July 2015 you are required to allocate 40% of your total minimum CPD hours to your specialisation (for example, tax agents are required to undertake at least 40% of their hours in tax-related CPD). Some CPD may be relevant to more than one of your registrations, and therefore may be considered more than once towards your 40% requirements.

Type of Registrations/Authorities	Code	Type of Registrations/Authorities	Code
Registered Company Auditor	Type A	Registered Company Liquidator	Type L
Registered Trustee in Bankruptcy	Type B	Australian Financial Services Licensee (AFSL)	Type AF
Registered Tax Agent	Type T	SMSF Auditor	Type S
Registered BAS Agent	Type BA	Reviewer of Second Tier Companies Limited by Guarantee	Type R

Date (dd/mm/yy)	Organisation presenting CPD activity	Description of CPD activity (Refer Regulation CR 7.5, Commentary)	Type of specialist CPD hours (A, B, T, BA, L, AF, S or R)	Number of CPD hours
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
<b>Total hours</b>				

**PART B – Complete if you reside in New Zealand**

You must provide details of the CPD you have undertaken since the cessation of your membership. Information on what activities qualify as CPD can be accessed on our website.

Date (dd/mm/yy)	Organisation presenting CPD activity	Description of CPD activity (Refer Regulation CR 7, Commentary)	Number of CPD hours
/ /			
/ /			
/ /			
/ /			
/ /			
/ /			
<b>Total hours</b>			

**Section 8 – Are you required to hold a Certificate of Public Practice (CPP)?**

**DO NOT COMPLETE THIS SECTION IF YOU ARE RESIDENT OUTSIDE OF AUSTRALIA AND NEW ZEALAND.**

I am **not** required to hold a CPP as I do not reside in Australia/ New Zealand.

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

**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

### 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](http://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 tick if you have not been to or lived in New Zealand.

#### 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](http://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.

#### Charges pending

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

---

---

---

---

---

## 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](mailto: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](http://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.

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 Chartered Accountants ANZ's Privacy Policy and the important information contained in the Privacy 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.

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.

## 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: <https://www.charteredaccountantsanz.com/member-services/member-obligations/regulations-and-guidance/new-zealand-regulations>
- 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.
- 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.

Signature  Full name

Date

I acknowledge and agree that by checking this box I will be taken to have signed this Form by hand for the purpose of all relevant laws, that I warrant the accuracy and truthfulness of the information provided in this form, and that CA ANZ is entitled to and will rely on my checking this box as if I had signed this form by hand.

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

## Section 11 – Payment details

### FEES PAYABLE:

Applicants applying for readmission to membership, residing in Australia or overseas  AU\$640

Applicants applying for readmission to membership, residing in NZ  NZD\$740 (GST inclusive)

### PAYABLE BY:

Chartered Accountants Amex  
 Amex  Visa  MasterCard  Diners Club

Card number

Expiry date

Cardholder name

Cardholder signature

### What happens next?:

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:

- |                                                                                                                                                        |                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Completed <b>ALL</b> relevant sections (1 – 11)                                                                               | <input type="checkbox"/> Printout of your <b>conclusion page</b> from the 'Do I need a CPP?' online tool or appropriate documentation to support your answer in Section 8 |
| <input type="checkbox"/> References dated within three (3) months of application received date and all referees have been members for at least 3 years | <input type="checkbox"/> Payment authorisation/attached                                                                                                                   |
| <input type="checkbox"/> CPD Record sheets attached (if applicable)                                                                                    | <input type="checkbox"/> 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 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 Member Support Team 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)



# Readmission Reference

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

Please print in BLOCK LETTERS. Note: this reference must be signed and dated within 3 months of the date the application is submitted.

## Section 1 – Applicant's details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other →	<input type="text"/>
Given name/s (in full)	<input type="text"/>			Family name	<input type="text"/>	
Membership Number	<input type="text"/>					

## Section 2 – Referee's details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other →	<input type="text"/>
Given name/s (in full)	<input type="text"/>			Family name	<input type="text"/>	
Professional accounting body with which current full membership is held	<input type="text"/>					
Professional accounting body member number	<input type="text"/>					
Designation	<input type="text"/>			Date admitted	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Position title	<input type="text"/>			Company name	<input type="text"/>	
Company address	<input type="text"/>					
Suburb/City	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>	
Country	<input type="text"/>					
Email	<input type="text"/>	Preferred contact phone number	<input type="text"/>			

## Section 3 – Declaration

Please confirm one of the following:

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.

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

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.

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.

Date  /  /

Signature

## OFFICE USE ONLY

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

# Readmission Reference

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

Please print in BLOCK LETTERS. Note: this reference must be signed and dated within 3 months of the date the application is submitted.

## Section 1 – Applicant's details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other →	<input type="text"/>
Given name/s (in full)	<input type="text"/>			Family name	<input type="text"/>	
Membership Number	<input type="text"/>					

## Section 2 – Referee's details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other →	<input type="text"/>
Given name/s (in full)	<input type="text"/>			Family name	<input type="text"/>	
Professional accounting body with which current full membership is held	<input type="text"/>					
Professional accounting body member number	<input type="text"/>					
Designation	<input type="text"/>			Date admitted	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Position title	<input type="text"/>			Company name	<input type="text"/>	
Company address	<input type="text"/>					
Suburb/City	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>	
Country	<input type="text"/>					
Email	<input type="text"/>	Preferred contact phone number	<input type="text"/>			

## Section 3 – Declaration

Please confirm one of the following:

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

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.

- 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.

Date  /  /

Signature

## OFFICE USE ONLY

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

# Readmission Reference

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

Please print in BLOCK LETTERS. Note: this reference must be signed and dated within 3 months of the date the application is submitted.

## Section 1 – Applicant's details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other →	<input type="text"/>
Given name/s (in full)	<input type="text"/>			Family name	<input type="text"/>	
Membership Number	<input type="text"/>					

## Section 2 – Referee's details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other →	<input type="text"/>
Given name/s (in full)	<input type="text"/>			Family name	<input type="text"/>	
Professional accounting body with which current full membership is held	<input type="text"/>					
Professional accounting body member number	<input type="text"/>					
Designation	<input type="text"/>			Date admitted	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Position title	<input type="text"/>			Company name	<input type="text"/>	
Company address	<input type="text"/>					
Suburb/City	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>	
Country	<input type="text"/>					
Email	<input type="text"/>	Preferred contact phone number	<input type="text"/>			

## Section 3 – Declaration

Please confirm one of the following:

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.

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

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.

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.

Date  /  /

Signature

## OFFICE USE ONLY

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