

Application for

# Special Admission to Membership by Members of MICPA

*(under By-Law 12)(Reg CR1)*

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

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Please complete **ALL** the sections (1 – 12) below, and return the application with payment to Chartered Accountants Australia and New Zealand (CA ANZ). (See final page for contact details). **Please print in BLOCK LETTERS.**

## Section 1 – MICPA Membership Details

Pathway to MICPA Membership

Option 1: I completed the MICPA Professional Program pre July 2009  Yes  No

Option 2: I completed the MICPA/CA ANZ Professional Program  Yes  No

Do not complete this form if you completed the MICPA/CA ANZ Professional Program. Apply online for Full CA Membership via the CA ANZ website.

Membership Number  Date of Admission  I have attached an original Letter of Good Standing

The Letter of Good Standing is an original letter obtained from MICPA stating your membership number, that you are a current financial member in good standing, how you were admitted i.e. via normal admission or reciprocal agreement and the date that you became a full member. This letter needs to be dated within three (3) months of application received date.

## Section 2 – Personal details

Title  Mr  Mrs  Miss  Ms  Other

Given name/s (in full)  Family name

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

Previous name

## 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)	<input type="text"/>		
Position title	<input type="text"/>		
Street address	<input type="text"/>	Suburb/City	<input type="text"/>
State	<input type="text"/>	Postcode	<input type="text"/>
		Country	<input type="text"/>

## Section 4 – Tertiary qualifications

Please provide a certified copy of your degree certificate and transcript(s).

## Section 5 – Professional experience

Please list details of your current employer.

Company Name	<input type="text"/>		
Company street address	<input type="text"/>		
State	<input type="text"/>	Postcode	<input type="text"/>
		Country	<input type="text"/>
Position title	<input type="text"/>		
Employment type	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time <input type="checkbox"/> at <input type="checkbox"/> hours per week	Start date <input type="text"/>
Firm type	<input type="checkbox"/> Chartered	<input type="checkbox"/> CPA Australia	<input type="checkbox"/> Public Accounting
		<input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="text"/>
I have attached a copy of my CV	<input type="checkbox"/>		

## Section 6 – References

### Two references from current CA ANZ members (CAs or FCAs).

Your referees should indicate in their own words how long they have known you and in what capacity, and be able to attest to your professional experience. They should also state their support for your application for membership.

Both referees should be CA/ FCA members of Chartered Accountants ANZ. If you don't have two CA / FCA members, we will accept references signed by Full Members of a [Global Accounting Alliance](#) body and a FCCA member of the ACCA. If you do use a member of another accounting body, we will need confirmation of their membership. We can usually confirm their membership if they provide their name, membership number, city of residence, and date of admission. If we cannot confirm their membership details, we will require a letter of good standing from their home body.

## Section 7 – 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 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 Trustee in Bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
6. Are you a Registered Tax (Financial) Advisor?	<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 Corporations Act 2001?	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9. 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			
<input type="checkbox"/> Full <input type="checkbox"/> Limited <input type="checkbox"/> None (Go to Question 10)			
<input type="checkbox"/> Limited authority under a full licence			
b) Name of AFS Licensee			
<input type="text"/>			

c) AFS Licence Number

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

I personally hold this AFS Licence

Date commenced holding this licence

I am an Authorised Representative under this AFS Licence

Authorised Representative number

Date authority commenced

I am a director or trustee of this entity which holds an AFS Licence

I am a Representative (other than the above) under this AFS Licence

I am a Responsible Manager under this AFS Licence

10. Australian Credit Licence (ACL)

a) I personally hold an ACL  Yes  No

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

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

Full name of ACL

ACL number

Date commenced holding ACL/ being a representative of an ACL

## 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**

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 as I do not reside in Australia/New Zealand.
- 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 CR2? (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

NZ RESIDENT MEMBERS ONLY:

You must include a Criminal Conviction Information letter supplied by the New Zealand Ministry of Justice. These can be requested via the Ministry's website.

## 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](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 in accordance with this Privacy Statement.

CA ANZ is formed in Australia. Our members are not liable for our debts and liabilities.

**I have read, understood and agree to CA 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 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.
- The information supplied in this application is true, accurate and not misleading.
- 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) <https://www.charteredaccountantsanz.com/member-services/member-obligations/regulations-and-guidance/new-zealand-regulations>.

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

### APPLICATION FEES PAYABLE:

Applicants applying for CA membership,  
residing in Australia or overseas

AUD\$620

Applicants applying for CA membership,  
residing in NZ

NZD\$718.75 (GST incl)

### MEMBERS' HANDBOOK

The Members' Handbook is offered online as a free member service,  
and updated every eight weeks – this is available on our website.

For members who are unable to access the internet version of the  
Member's Handbook it can be made available for a \$25 (including  
GST) fee. If a USB is required, you can update your Handbook  
delivery method online – simply log onto the website and update your  
survey preferences and we will send you the Member's Handbook  
purchase form and send the USB out to you in December.

Payable by:

Chartered Accountants Amex

Amex  Visa  Mastercard  Diners Club

Card no.

Expiry date  /

Cardholder  
name

Cardholders  
signature

## Section 12 – Documentary requirements / checklist

### MEMBERSHIP APPLICANTS

All applicants to complete and submit the following:

- Completed all sections of the form which includes signing and dating
- References dated within three (3) months of application received date
- A Letter of Good Standing
- Screenshot of the conclusion page from the 'Do I need a CPP?' online tool (if resident in Australia or New Zealand)
- Relevant tertiary documentation as outlined in Section 4
- A copy of your CV outlining positions held over the last 5 years
- Payment authorised.

## 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 Service Centre 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)