

Please attach 2
current passport
photos of yourself
certified as true
likeness of the
applicant

THE ACCOUNTANTS ACT
No.15 of 2008

INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS OF KENYA

APPLICATION FOR GRANT OF A PRACTISING CERTIFICATE

Applications to be addressed to:

The Chairman
Registration and Quality Assurance Committee
Institute of Certified Public Accountants of Kenya
P.O. Box 59963 00200
NAIROBI

SECTION A

1). Surname (Mr ☐ Mrs. ☐ Miss. ☐ Ms ☐ Dr ☐ Prof. ☐)-----
(Block Letters)

2) Other Names-----
(Block Letters)

3) Registration Number----- Date of Registration-----

Provide copy of the registration certificate from ICPAK. The copy should be certified as being a true copy of the original by an advocate of the High Court of Kenya to whom the applicant is known.

4) Confirmation of payment of application fee which is non-refundable of **Kshs. 10,000** (for Kenyans) or **Kshs. 15,000** for non Kenyans)

Cheques should be made payable to the Institute of Certified Public Accountants of Kenya (ICPAK). Modes of payment – Cheques, Card, M-Pesa - Pay bill 722722 for business number and ICPAK membership number for account number. Telex Transfer/ Telegraphic Transfers; Barclays Bank of Kenya, Moi Avenue branch, A/c 03-075-1597134; Swift Code -BARCKENX OR Standard Chartered Bank, Ruaraka Branch, Account Number: 010-2093120900. Where payment has been made through the bank, the applicant is required to present the banking slip with his/her application.

NB

The application fee shall be forfeited if the grant of the practising certificate is not awarded within two (2) years from the date of application.

5. Work experience gained since qualifying
(Use additional sheet of paper if necessary)

Name and Address of Organization	From (date)	To (date)	Position Held	Description of Responsibilities

Provide letters of reference from employer(s) covering the previous five (5) years confirming your professional experience and integrity of work.

6. Practical experience in Independent Audit work with Practicing firms
(Use additional sheet of paper if necessary)

Name and address of Firm	Position Held	From (date)	To (date)	Main Clients Handled

Provide a letter from a practicing firm of accountants confirming your experience in independent external audit work, monitored by a holder of a valid practising certificate and a member in good standing, who has been holding the practicing certificate for a period of not less than six (6) years specifying the following;

- ☐ *That you have spent the equivalent of five (5) years in external audit practice in full-time or seven (7) years in part-time capacity*
- ☐ *Details of clients handled by you and levels of responsibility on the assignments.*
- ☐ *Level of responsibilities in external audit practice generally and the duration of such responsibilities (e.g. manager, supervisor/ senior, clerk/assistant and the period such position held)*
- ☐ *Names and contacts of the partners to whom you were responsible for your work.*
- ☐ *Other work experience gained since registration as a Certified Public Accountant of Kenya.*

NB: Where experience in external audit work is gained through more than one firm, details confirming your experience as above should be obtained from each of the firms in question.

7. Names and contact of Partners under whom you served in No.6 above.

Name of Partner	Firm Name	Registration number of the partners	Period	
			From	To

Provide statements from the two (2) referees named above detailing their knowledge of you the applicant, particularly as relates to integrity.

SECTION B

8. I, -----hereby apply for the grant of a Practicing Certificate under the provisions of the Accountants Act No.15 of 2008. The details of my practice are as provided below;

8.1 Name or Style of Practice-----

8.2 Main Address at which Practice is located / is to be located:

Physical location-----

Town/District -----

Mail Address-----

Telephone No-----

Email Address-----

Contact Partner-----

8.3 Branch Offices:

Physical Location

Town/District

-
9. Names and contacts of existing Partners, their Registration and Practicing Certificate numbers.

Name	Registration No	Practicing Cert. No.	Residential Status

10. State whether the Practice will be ☐ Full time ☐ Part time
11. If part time, give approximate proportion of working time to be spent in practice (in percentage terms) ☐ less than 20% ☐ 20-50% ☐ over 50%
12. Does (will) the firm provide other related professional accountancy services apart from auditing and assurance services? ☐ Yes ☐ No
13. If the answer to No.12 is yes, list the other services planned to be offered

15. Date planned for Practice to commence-----

Non-Kenyans should enclose a copy of a valid work permit also certified by the same advocate who certifies the applicant's other documents.

16. Declaration

- 16.1. I hereby solemnly declare that the foregoing information is true to the best of my knowledge. I acknowledge that any statement contained anywhere in this application which is known to be false shall invalidate this application and any decision reached thereon by the Board. I have read the Accountants Act, and

I am aware of the penalties stipulated in connection with the provision of misleading information.

16.2. I further commit to fulfill any requirements set by the Institute of Certified Public Accountants of Kenya (ICPAK) relating to Professional Standards, Continuing Programmes of Education, Audit Quality Review, Professional Indemnity for practicing accountants and any other professional pronouncements that are in force or may be introduced in the future.

Applicants Signature-----Date-----

FOR OFFICIAL USE ONLY

Practicing File No: -----Registration No

Date Received: -----

Receipt No-----Date-----Date Acknowledged-----

Member standing status In good standing ☐ Not in good standing ☐

Approved/Rejected Minute No-----Deferred Minute No-----

R& QAC Chairman's Signature-----Date-----

Date Notification Sent-----