

# APPLICATION FOR FULL MEMBERSHIP



Please use this form if you are applying for full membership of NZICA. Consideration of your application can take up to four weeks. Please provide all the information and documentation required as an incomplete application will not be considered.

## 1 CHOICE OF COLLEGE – please tick (✓) your choice of college

- Chartered Accountants
- Associate Chartered Accountants
- Accounting Technicians

Membership number.....

Please tick (✓) if your application is made on the basis of a reciprocal membership arrangement with an overseas accounting body.

Overseas accounting body.....

Overseas accounting body membership number.....

(Reciprocal applicants do not need to complete Section 3)

## 2 PERSONAL DETAILS – please use capital letters. Your name as entered here will appear on any certificates awarded by the New Zealand Institute of Chartered Accountants.

|  |   |
|--|---|
| First / Given Name   | Preferred First Name (if different to formal) |
| Surname / Family Name  | Title (Mr/Mrs/Ms/other)                       |
| Previous name (if known by another name or changed name by deed poll)* | Date of Birth                                 |
| Current Employer   |   |
| Position title   |   |

\* (Please supply a copy of your marriage certificate or evidence of change of name by deed poll)

|                         |   |   |
|-------------------------|---|---|
| <b>Business Address</b> | <input type="checkbox"/> (tick if this is your preferred mailing address) | <input type="checkbox"/> (tick if this is your preferred billing address) |
| City / Town             | Postcode  | Country (other than New Zealand)  |
| Telephone               | Cellphone   |   |
| Email                   | Fax   |   |

|                     |   |   |
|---------------------|---|---|
| <b>Home Address</b> | <input type="checkbox"/> (tick if this is your preferred mailing address) | <input type="checkbox"/> (tick if this is your preferred billing address) |
| City / Town         | Postcode  | Country (other than New Zealand)  |
| Telephone           | Cellphone   |   |
| Email               | Fax   |   |

|                            |   |   |
|----------------------------|---|---|
| <b>Alternative Address</b> | <input type="checkbox"/> (tick if this is your preferred mailing address) | <input type="checkbox"/> (tick if this is your preferred billing address) |
| City / Town                | Postcode  | Country (other than New Zealand)  |
| Telephone                  | Cellphone   |   |
| Email                      | Fax   |   |

### Office use only:

|   |   |
|---|---|
| Assessor: _____                                   | Professional competence: PCE1 <input type="checkbox"/> PAS/PCE2 <input type="checkbox"/>                    |
| Address details updated: <input type="checkbox"/> | References attached: NZICA <input type="checkbox"/> Employer <input type="checkbox"/>                       |
| SPE earliest start date: ____ / ____ / ____       | Convictions assessed: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| SPE completion date: ____ / ____ / ____           | Interim mentor's report(s): <input type="checkbox"/> Final mentor's report: <input type="checkbox"/>        |
| Mentor relationship updated: ____ / ____ / ____   | Designation updated: <input type="checkbox"/>   |

**Application approved**       **Application declined**

**Decision date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**3**

**SPECIFIED PRACTICAL EXPERIENCE (SPE)**

SPE can only commence after you have satisfied the academic requirements of the College of which you are seeking membership, and have completed 12 months of General Practical Experience (GPE) approved by NZICA. All applicants for full membership must have been in a mentoring relationship with an NZICA registered mentor. SPE for Chartered Accountants and Associate Chartered Accountants must be completed in an Approved Training Organisation (ATO). You need to provide a completed mentor’s report for all periods of your SPE.

| Details of completed Specified Practical Experience |                 |                    |        |                 |                              | OFFICE USE ONLY |                 |
|---|-----------------|--------------------|--------|-----------------|------------------------------|-----------------|-----------------|
| SPE start date                                      | SPE finish date | Organisation (ATO) | Mentor | Full/part time* | Mentor’s report enclosed     | ATO approval    | Mentor approval |
| / /   | / /             |                    |        |                 | Yes <input type="checkbox"/> |                 |                 |
| / /   | / /             |                    |        |                 | Yes <input type="checkbox"/> |                 |                 |
| / /   | / /             |                    |        |                 | Yes <input type="checkbox"/> |                 |                 |
| / /   | / /             |                    |        |                 | Yes <input type="checkbox"/> |                 |                 |

\* If SPE has been gained on a part time basis please specify the number of hours worked per week.

Information on the amount and nature of SPE required can be found in the AT, CA, and ACA Training Logs. The Training Logs can be accessed and downloaded from the NZICA website at [www.nzica.com](http://www.nzica.com)

**4**

**CRIMES AND OFFENCES**

Please read carefully as this is a new requirement.

**Record of New Zealand criminal convictions**

The Institute requires that you submit a current criminal convictions record obtained from the New Zealand Ministry of Justice with your application for full 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.

**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) and less than six months old at the time your application is submitted. 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:

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**5 BANKRUPTCY AND DISCIPLINARY ACTION**

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| Are you, or have you ever been, adjudged bankrupt or made the subject of an official assignment for the benefit of your creditors?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you, or have you ever been, subject to disciplinary proceedings by a statutory, professional or other body (including the New Zealand Institute of Chartered Accountants) in respect of your professional capacity? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you, or have you ever been, prohibited by the Registrar of Companies from managing a company?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you failed to satisfy a judgement debt within the last seven years where payment has been ordered by a court in New Zealand or overseas?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you been subject to disciplinary proceedings by a tertiary education institution?  | <input type="checkbox"/> | <input type="checkbox"/> |

Please provide detailed information if you have ticked "yes" to any of the above questions.

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If you have been adjudged bankrupt, please provide a copy of the bankruptcy notice from the Official Assignee and a copy of the Discharge of Bankruptcy notice (if applicable). If you have been made the subject of an official assignment for the benefit of your creditors, please provide appropriate documentation. 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.

**6 REFERENCES**

You must provide two character reference forms, each completed by a different person, namely:

- An employer reference
- A reference from a full and current member of the Institute/member of a reciprocal professional accounting body

**Names of referees**

Employer

New Zealand Institute of Chartered Accountants member

Institute number:

or

Member of a reciprocal professional accounting body

Membership number:

Name of reciprocal professional accounting body

The Institute member/member of a reciprocal professional accounting body should:

- have been a full member of the Institute for a continuous period of two years
- have known you for a minimum period of twelve months.

**Note**

Members of your family may not act as referees. Family members are considered to be: blood relatives, including parents, siblings, aunts, uncles and grandparents; spouses or partners; and other relatives by marriage including in-laws.

The Institute will only accept reference forms completed within three months of this application. Please note that an **original reference** is required to be sent to the Institute. Each reference must be completed on the reference forms provided by the Institute (at the back of this application form), which identify specific aspects of your character and reputation that are of interest to the Institute.

**NZICA has reciprocity arrangements with the following professional accounting bodies:**

- Canadian Institute of Chartered Accountants (CICA)
- The Institute of Chartered Accountants in Australia (ICAA)
- The Institute of Chartered Accountants in England and Wales (ICAEW)
- The Institute of Chartered Accountants in Ireland (ICAI)
- The Institute of Chartered Accountants of Scotland (ICAS)
- The South African Institute of Chartered Accountants (SAICA)
- The Hong Kong Institute of Certified Public Accountants (HKICPA)
- The United States National Association of State Boards of Accounting (NASBA) or the American Institute of Certified Public Accountants (AICPA)

# APPLICATION FOR FULL MEMBERSHIP



## 7 CHECKLIST

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| Marriage certificate or confirmation of name by deed poll (if applicable)               | <input type="checkbox"/> | <input type="checkbox"/> |
| Interim and Final Mentor's reports for each period of SPE                               | <input type="checkbox"/> | <input type="checkbox"/> |
| Ministry of Justice criminal report, police clearance certificate (s)                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Bankruptcy notice, discharge of bankruptcy notice, Assignment documents (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> |
| Details if prohibited from managing a company (if applicable)                           | <input type="checkbox"/> | <input type="checkbox"/> |
| Details if failed to satisfy a judgement debt (if applicable)                           | <input type="checkbox"/> | <input type="checkbox"/> |

## 8 DECLARATION

The information you give in the application form is covered by the declaration.

I \_\_\_\_\_ declare that

(insert name)

- The information provided in this application is true and correct.
- I will be bound by the Rules now in force or hereafter voted into existence and by the Code of Ethics now in force or amended from time to time by the Council of the New Zealand Institute of Chartered Accountants.
- I authorise the New Zealand Institute of Chartered Accountants to lawfully obtain at any time, from any person or entity, any information about me that it considers necessary or desirable to obtain in order to process this application and to service and maintain my membership, and I authorise any such person or entity to release this information to the New Zealand Institute of Chartered Accountants.

Signed \_\_\_\_\_ Date / /

## 9 FULL MEMBERSHIP APPLICATION FEE

The current application fee for full membership may be found in the "Application Fee Schedule" on the NZICA website. Cheques should be made payable to "New Zealand Institute of Chartered Accountants" in NZ dollars. The four credit cards below are acceptable for payment. Please enter details below.

### CREDIT CARD PAYMENT DETAILS

AMEX     MASTERCARD     VISA     DINERS     Card Expiry Date: \_\_\_\_ / \_\_\_\_

Card Number:

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Any variation to the total amount due please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please send your completed application to:  
Registry Services Helpdesk  
New Zealand Institute of Chartered Accountants  
PO Box 11342  
Wellington 6142

# APPLICATION FOR FULL MEMBERSHIP

## EMPLOYER REFERENCE

### Use of Reference

The information and opinion you provide will be used by the New Zealand Institute of Chartered Accountants to assess the suitability of the applicant for full membership. In particular, we seek to confirm that the applicant is capable of adhering to a high standard of professional practice and integrity. This form may be given to the applicant to submit with their application or forwarded separately directly to: Registry Services Helpdesk, New Zealand Institute of Chartered Accountants, PO Box 11342, Wellington 6142

### Privacy Act 1993

Any reference you provide may be made available to the applicant on request under the provisions of the Privacy Act 1993.

Full name of applicant applying for membership

*(capital letters)*

Name of Referee

Mr/Mrs/Ms/Other

Job Title

Name of Firm

Address of Firm

Phone No

Fax No

Is the applicant related to you by blood or marriage?  Yes  No

How long and in what capacity have you known the applicant?

What is your assessment of the applicant's professionalism, reliability, integrity and honesty?

Do you have any concerns about the applicant's suitability for admission to the New Zealand Institute of Chartered Accountants? Are there any personal or professional issues the New Zealand Institute of Chartered Accountants should be aware of?

Do you have any further comments?

### DECLARATION

I confirm that the above information is true to the best of my knowledge.

Signed

Date / /

# APPLICATION FOR FULL MEMBERSHIP

FULL AND CURRENT NZICA MEMBER / MEMBER OF A RECIPROCAL PROFESSIONAL ACCOUNTING BODY REFERENCE



## Use of Reference

The information and opinion you provide will be used by the New Zealand Institute of Chartered Accountants to assess the suitability of the applicant for full membership. In particular, we seek to confirm that the applicant is capable of adhering to a high standard of professional practice and integrity. This form may be given to the applicant to submit with their application or forwarded separately directly to: Registry Services Helpdesk, New Zealand Institute of Chartered Accountants, PO Box 11342, Wellington 6142

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Any reference you provide may be made available to the applicant on request under the provisions of the Privacy Act 1993.

Full name of applicant applying for membership

*(capital letters)*

Name of Referee

Mr/Mrs/Ms/Other

Job Title

Name of Firm

Address of Firm

Phone No

Fax No

Is the applicant related to you by blood or marriage?  Yes  No

How long and in what capacity have you known the applicant?

What is your assessment of the applicant's professionalism, reliability, integrity and honesty?

Do you have any concerns about the applicant's suitability for admission to the New Zealand Institute of Chartered Accountants? Are there any personal or professional issues the New Zealand Institute of Chartered Accountants should be aware of?

Do you have any further comments?

## DECLARATION

I confirm that the above information is true to the best of my knowledge.

Signed

Date / /

## Office use only:

Full member for 2 years

Known candidate for 12 months