

# APPLICATION FOR RE-ADMISSION

This application form is for use by former members who have had their New Zealand Institute of Chartered Accountants' membership cancelled due to resignation or non-payment of fees more than 12 months before the date of this application.

## 1 CHOICE OF COLLEGE – Indicate the College that you are seeking to re-enter (please tick)

- Chartered Accountant  
 Associate Chartered Accountant  
 Accounting Technician

## 2 PREVIOUS DETAILS

Institute ID: \_\_\_\_\_

Please state the date membership ceased and the College of which you were a member:

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- Chartered Accountant  
 Associate Chartered Accountant  
 Accounting Technician

## 3 PERSONAL DETAILS – please use capital letters (See Information Note 1)

First / Given Name \_\_\_\_\_ Preferred First Name (if different to formal) \_\_\_\_\_

Surname / Family Name \_\_\_\_\_ Title (Mr/Mrs/Ms/other) \_\_\_\_\_

Previous name (if applicable) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Employer \_\_\_\_\_

Position Title \_\_\_\_\_

Business Address  (tick if this is your preferred mailing address)  (tick if this is your preferred billing address)

Postcode \_\_\_\_\_

City / Town \_\_\_\_\_ Country (other than New Zealand) \_\_\_\_\_

Telephone \_\_\_\_\_ Cellphone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Home Address  (tick if this is your preferred mailing address)  (tick if this is your preferred billing address)

Postcode \_\_\_\_\_

City / Town \_\_\_\_\_ Country (other than New Zealand) \_\_\_\_\_

Telephone \_\_\_\_\_ Cellphone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Alternative Address  (tick if this is your preferred mailing address)  (tick if this is your preferred billing address)

Postcode \_\_\_\_\_

City / Town \_\_\_\_\_ Country (other than New Zealand) \_\_\_\_\_

Telephone \_\_\_\_\_ Cellphone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

**4 BANKRUPTCY, CRIMES, OFFENCES AND DISCIPLINARY ACTION (See Information Note 2)**

Please read Information Note 2 before answering these questions

	YES	NO (please tick)
Have you ever been convicted of any crime or offence punishable by fine or imprisonment (which would be recorded on a criminal or traffic report issued by the Ministry of Justice) or are there any charges pending?	<input type="checkbox"/>	<input type="checkbox"/>
Are you, or have you ever been, adjudged bankrupt or made an 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, subject to disciplinary proceedings by a tertiary education institution?	<input type="checkbox"/>	<input type="checkbox"/>

**5 WORK ACTIVITY SINCE MEMBERSHIP LAPSED (See Information Note 3)**

I have been engaged in the following activities since my membership lapsed:

From (date)	To (date)	Position	Organisation	Accounting or Accounting-Related Work (Yes or No)

If there are any gaps in employment please explain:

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# APPLICATION FOR RE-ADMISSION



## 9 APPLICATION FEE (See Information Note 7)

Cheques should be made payable to "Institute of Chartered Accountants of New Zealand" 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: \$ \_\_\_\_\_  
(please print)

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

# APPLICATION FOR RE-ADMISSION

REFERENCE FROM A MEMBER OF THE NEW ZEALAND INSTITUTE OF CHARTERED ACCOUNTANTS



Name of Referee \_\_\_\_\_ Mr/Mrs/Ms/Other \_\_\_\_\_ Institute ID \_\_\_\_\_

Job Title \_\_\_\_\_ (capital letters)

Name of Firm \_\_\_\_\_

Address of Firm \_\_\_\_\_

Phone No \_\_\_\_\_ Fax No \_\_\_\_\_

Full Name of Applicant \_\_\_\_\_ (capital letters)

College applied for  Chartered Accountants  Associate Chartered Accountants  Accounting Technicians

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 RE-ADMISSION

REFERENCE FROM A MEMBER OF THE NEW ZEALAND INSTITUTE OF CHARTERED ACCOUNTANTS

## INFORMATION NOTES

### 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 membership of the New Zealand Institute of Chartered Accountants. In particular we seek to confirm that the applicant is capable of adhering to a high standard of professional practice and integrity.

### Privacy Act 1993

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

### Submission of Reference

This form may be given to the applicant to submit with their application for full membership of the New Zealand Institute of Chartered Accountants.

Alternatively you may forward this form separately direct to:

Registry Services

New Zealand Institute of Chartered Accountants

PO Box 11 342

Wellington

Please let the applicant know which option you choose. We are unable to process the application until we receive this reference.

### Further Information

Membership applications and enquiries are dealt with by Registry Services Helpdesk at the Institute.

Contact details are:

Registry Services Helpdesk

Tel: 00 64 4-474 7840

Fax: 00 64 4-473 6303

Email: [registry@nzica.com](mailto:registry@nzica.com)

Website: [www.nzica.com](http://www.nzica.com)

# APPLICATION FOR RE-ADMISSION

GENERAL CHARACTER REFERENCE



Name of Referee \_\_\_\_\_ Mr/Mrs/Ms/Other \_\_\_\_\_  
*(capital letters)*

Job Title \_\_\_\_\_

Name of Firm \_\_\_\_\_

Address of Firm \_\_\_\_\_

\_\_\_\_\_

Phone No \_\_\_\_\_ Fax No \_\_\_\_\_

Full Name of Applicant \_\_\_\_\_  
*(capital letters)*

College applied for  Chartered Accountants  Associate Chartered Accountants  Accounting Technicians

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 RE-ADMISSION

## GENERAL CHARACTER REFERENCE

### INFORMATION NOTES

#### Use of Reference

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Website: [www.nzica.com](http://www.nzica.com)

# APPLICATION FOR RE-ADMISSION

EMPLOYER REFERENCE



Name of Referee \_\_\_\_\_ Mr/Mrs/Ms/Other \_\_\_\_\_  
*(capital letters)*

Job Title \_\_\_\_\_

Name of Firm \_\_\_\_\_

Address of Firm \_\_\_\_\_

\_\_\_\_\_

Phone No \_\_\_\_\_ Fax No \_\_\_\_\_

Full Name of Applicant \_\_\_\_\_

College applied for  Chartered Accountants  Associate Chartered Accountants  Accounting Technicians  
*(capital letters)*

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 RE-ADMISSION

## EMPLOYER REFERENCE

### INFORMATION NOTES

#### 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 membership of the New Zealand Institute of Chartered Accountants. In particular we seek to confirm that the applicant is capable of adhering to a high standard of professional practice and integrity.

#### Privacy Act 1993

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

#### Submission of Reference

This form may be given to the applicant to submit with their application for full membership of the New Zealand Institute of Chartered Accountants. Alternatively you may forward this form separately direct to:

Registry Services

New Zealand Institute of Chartered Accountants

PO Box 11 342

Wellington

Please let the applicant know which option you choose. We are unable to process the application until we receive this reference.

#### Further Information

Membership applications and enquiries are dealt with by Registry Services Helpdesk at the Institute.

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Website: [www.nzica.com](http://www.nzica.com)

# APPLICATION FOR RE-ADMISSION

## INFORMATION NOTES

### APPLICATION PROCESS

This form is for use by applicants who have been out of membership for more than 12 months from the date of this application and who are applying for membership on the basis of previous full membership of the College of Accounting Technicians, the College of Associate Chartered Accountants or the College of Chartered Accountants. To be eligible for re-admission to membership a former member must:

- Meet the character and behaviour requirements for membership
- Pay a re-admission application fee
- Pay back subscription fees. (Previous years' subscription fees will be discounted)
- Satisfy the competence requirements.

Applicants meeting all of the eligibility criteria (a,b, c and d) will be admitted directly to full membership. Applicants who do not satisfy the competence requirements (d) will be admitted to provisional membership until the competence requirements have been met, at which time they will be transferred to full membership status. The competence requirements are determined by currency of accounting and accounting-related work.

For further information on the re-admission requirements please read the Information Sheet available on the Institute's website – [www.nzica.com](http://www.nzica.com)

If you have been out of membership for less than 12 months, you should complete the form "Application for Reinstatement". This form is available on the Institute's website – [www.nzica.com](http://www.nzica.com)

Consideration of your application may take up to four weeks. Please provide as much information as possible that is relevant to your application. An incomplete application will not be considered until all the required information and documentation has been received.

### PRIVACY ACT

The information provided on this form will be used by the New Zealand Institute of Chartered Accountants to:

- Process and assess this application
- Maintain the membership database
- Enable the New Zealand Institute of Chartered Accountants to carry out its various functions under the Institute of Chartered Accountants of New Zealand Act 1996 and the Rules of the Institute of Chartered Accountants, which may involve disclosure to other agencies for those purposes
- Keep you informed about products and services that may be of interest to you, which may involve disclosure to selected agencies authorised by the New Zealand Institute of Chartered Accountants
- Communicate with you and target professional development initiatives.

### NOTE 1 – PERSONAL DETAILS

Please provide business and home addresses. An alternative address can also be provided if appropriate. If any of these details change you should advise Registry Services Helpdesk immediately to avoid any delay in receiving information and goods.

Your name as entered here will appear on any certificates awarded by the New Zealand Institute of Chartered Accountants.

### NOTE 2 – 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. The New Zealand Institute of Chartered Accountants will keep details given in this section confidential.

If you have been convicted of any offence (including traffic offence) in New Zealand or any other jurisdiction, please provide a copy of your criminal record. In New Zealand this information can be obtained from:

The Privacy Assistant

Privacy Unit, Ministry of Justice, National Office  
PO Box 2750

Wellington

Please note your rights under the Criminal Records (Clean Slate) Act 2004 before providing a copy of your criminal record. The relevant application form and information form can be downloaded at [www.justice.govt.nz](http://www.justice.govt.nz).

If you have ever been adjudged bankrupt please provide a copy of the bankruptcy notice from the Official Assignee and a Discharge of Bankruptcy notice (if applicable).

If you have made an assignment for the benefit of your creditors please provide appropriate documentation.

If you have been subject to **disciplinary proceedings** by a:

- Tertiary institution or any other regulatory body
- Statutory body
- Professional or other body

please provide detailed information.

### NOTE 3 – WORK ACTIVITY SINCE MEMBERSHIP LAPSED

Please list all employment positions held since your membership lapsed.

### NOTE 4 – CONTINUING PROFESSIONAL DEVELOPMENT

Applicants who have been absent from accounting or accounting-related work for less than ten years may be required to complete "catch-up" CPD (to a maximum of 40 structured hours for CA membership, 30 structured hours for ACA membership and 20 structured hours for AT membership). **Credit will be given for CPD undertaken while out of membership.**

Former members seeking re-admission after an absence of ten or more years from accounting or accounting-related work will be referred to the Admissions Board to determine the competence requirements they must meet for re-admission to full membership.

Once your application has been assessed, you will be advised of the amount of any CPD you are required to catch up. Catch-up CPD will normally need to be undertaken within 12 months of returning to membership

### Structured CPD

Courses, conferences and seminars controlled by competent individuals. Other activities that may qualify as structured learning include service as a member on a technical committee, writing technical articles, or presenting on a structured course (but not repeat presentations).

### Unstructured CPD

Regularly reading professional journals and the financial and business press. Other unstructured activities may include the use of video or audio tapes, computer based learning programmes, distance learning or alternative forms of learning where there is no interaction with other individuals and no assessment is provided.

### NOTE 5 – REFERENCES

You must provide three reference forms, each completed by a different person:

- an employer reference
- a reference from a full and current member of the Institute
- a general character reference

Members of your family (including spouses and partners) may not act as referees. Each reference must be completed on the reference forms provided by the Institute (at the back of the application form), which identify specific aspects of your character and reputation that are of interest to the Institute. The original reference must be sent to the Institute. Only reference forms completed by the referee within the past three months will be considered. Your referees may prefer to send their reference separately to the New Zealand Institute of Chartered Accountants. This is permitted. Your application will be considered when all documentation has been received.

### NOTE 6 – DECLARATION

The information you give in the application form is covered by the declaration. The Code of Ethics is enforced by disciplinary powers based on the Institute of Chartered Accountants of New Zealand Act 1996 and the Rules of the New Zealand Institute of Chartered Accountants.

### NOTE 7 – FEES

The current application fee for re-admission may be found in the "Application Fee Schedule" on the New Zealand Institute of Chartered Accountants' website. The application fee is non-refundable. Payment must accompany your application.

Once you have been admitted to membership you will be invoiced for the membership subscription on a pro rata basis. Refer to the New Zealand Institute of Chartered Accountants' website for further details on the annual membership subscription.

### CHECKLIST

In order that your application may be processed quickly, please ensure that you have included the following with your application, where applicable:

- Three references (unless sent separately) (refer Note 5)
- Ministry of Justice criminal and traffic report, and/or discharge of bankruptcy notice, if applicable (refer Note 2)
- CPD Log (refer Note 4)
- Application fee

### RETURN ADDRESS

Please send your completed application to:

Registry Services Helpdesk  
New Zealand Institute of Chartered Accountants  
7th Floor, Tower Building  
50 Customhouse Quay  
PO Box 11342  
Wellington 6142

### FURTHER INFORMATION

Membership enquiries and applications are handled by Registry Services Helpdesk.

If you have any queries please contact us on:

Registry Services Helpdesk  
Tel: 00 64 4-474 7840  
Fax: 00 64 4-473 6303  
Email: [registry@nzica.com](mailto:registry@nzica.com)  
Website: [www.nzica.com](http://www.nzica.com)