



Membership Number.....

Certificate Number.....

Application for a Practising Certificate

(PLEASE COMPLETE IN BLOCK CAPITAL LETTERS)

Surname/Family Name

Title (Please tick the appropriate box) Mr [] Mrs [] Miss [] Ms [] Other (please state).....

Other or Forenames

Trading Name of Practice

Principal Business Address

.....

Post Code

Telephone Number

Fax Number

Email Address

Address for Correspondence (If different from above).....

.....

Post Code

Telephone Number

Gross Fees within the Last 12 Months

Number of Years in Practice

Do you or your practice hold clients money?

Yes/No

Please note that if you control any bank or building society accountants or can sign for any client that is Client money held

Please enclose the following in order for a certificate to be issued:

A photocopy of your Professional Indemnity Insurance schedule for the practice, which shows the amount of cover, excess and dates covered. (Please note that your cover must show a date of cover beyond the date of your practising certificate application.)

I **apply** for an annual Practising Certificate. I agree to observe best practice and guidance notes issued intermittently by the Institute and confirm I am bound by the Articles of Association and Bylaws of the Institute. I certify that the information on this form is correct and that I have paid all outstanding subscriptions and fees to the Institute. I agree to inform the institute within 28 days of any change in ownership of the practice or any material facts, which are contrary to this signed and completed form.

Please note that in accordance with the 1998 Data Protection Act (UK) the Institute will show details of your name, Address and Practice name in the Directory of practising members.

Signed.....

Date __/__/____

METHOD OF PAYMENT

If you wish to pay via Credit or Debit card please fill in the information in the box below. If you wish to pay via Cheque please address to The Institute of Financial Accountants (IFA).

I enclose the following fee of £.....

Cheque (made payable to IFA) or Credit/Debit Card
(Please circle the appropriate method above)

Credit/Debit Card Details (please circle type of card). Please note that we do not accept any other cards.

Visa Visa Electron Maestro Solo MasterCard

Card Number.....

Start Date..... Expiry Date..... Issue Number (If applicable).....

3 Digit Security Number (Shown on signature strip).....

Name of Cardholder.....

Signature of Cardholder.....

If you require a receipt please indicate here [] (please give your VAT number).....