

## Mauritius Institute of Professional Accountants (Established under Financial Reporting Act 2004)

## **ELECTION OF FIVE MEMBERS** OF THE BOARD OF THE MAURITIUS INSTITUTE OF PROFESSIONAL ACCOUNTANTS (Section 47 of the Act)

To the Secretary,											
I, Mr/Mrs/Ms					(Surna						
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of					<b>Full</b> Add						
belonging to the					nal Acco						
hereby give notice o	f my candi	dature f	or the a	boveme	entioned	d election	n.				
I hereby declare that by virtue of the above	_			_		_	ne Maur	ritius In	stitute o	of Profe	ssional Accountants
	MRN					/					

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## **Mauritius Institute of Professional Accountants**

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## UNDERTAKING BY APPLICANT

(Declaration to the Mauritius Institute of Professional Accountants (MIPA) on Initial Professional Accountancy

Organisation (PAO) Membership)

т	, identified with MIPA with
· ·	, hereby declare that my first PAO membership is as follows:
•	Name of Initial PAO:
•	Country of Initial PAO:
•	Date of Admission:
Under	taking to MIPA
In acco	ordance with professional and regulatory standards governing accountancy practice, I hereby undertake that:
1.	The information provided in this declaration is <b>true</b> , <b>complete</b> , <b>and accurate</b> to the best of my knowledge and belief.
2.	I understand that any misrepresentation or omission may result in disciplinary action or regulatory
	consequences as per MIPA's governing framework.
3.	I consent to MIPA verifying this declaration and I agree to provide supporting documentation upon request.
4.	I recognise that this undertaking is <b>binding</b> and I pledge to uphold the standards and obligations associated with
	my professional membership.
5.	I understand that if any information provided in this declaration is found to be false, misleading, or in
	contravention of this undertaking, I shall be immediately disqualified as a Board Member (if so elected
	to serve in office) with MIPA and may be subject to further action as deemed necessary by the regulatory
	body.
This de	eclaration is made in good faith and with full awareness of its implications.
Signat	cure of Applicant:
Printe	d Name:
Date	

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