



**ELECTION OF ONE MEMBER TO THE BOARD OF  
THE MAURITIUS INSTITUTE OF PROFESSIONAL ACCOUNTANTS  
(Section 47 of the Act)**

To the Secretary,

I, Mr/Mrs/Ms.....  
(Surname)

.....  
(Other names)

of .....  
(Full Address)

belonging to the .....  
(Professional Accountancy body)

hereby give notice of my candidature for the abovementioned election.

I hereby declare that I am a registered member in good standing of the Mauritius Institute of Professional Accountants by virtue of the abovementioned Act and my Registration No. is

MRN					/				
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**UNDERTAKING BY APPLICANT**

*(Declaration to the Mauritius Institute of Professional Accountants (MIPA) on Initial Professional Accountancy Organisation (PAO) Membership)*

I, ....., identified with MIPA with MRN....., hereby declare that my first PAO membership is as follows:

- Name of **Initial** PAO (E.g. ACCA, ICAEW, CIMA): \_\_\_\_\_
- Country of Initial PAO: \_\_\_\_\_
- Date of Admission: \_\_\_\_\_

**Undertaking to MIPA**

In accordance with professional and regulatory standards governing accountancy practice, I hereby undertake that:

1. The information provided in this declaration is **true, complete, and accurate** 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 **binding** 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 declaration is made in good faith and with full awareness of its implications.

Signature of Applicant: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

