



Mauritius Institute of
Professional Accountants

Mauritius Institute of Professional Accountants

(Established under Financial Reporting Act 2004)

MEMBERSHIP REGISTRATION FORM

(For Member Firm)

YEAR 2020-2021

SECTION A – CONTACT DETAILS

Name of Member Firm			
Name of Contact Person			
Capacity in which Contact Person is Acting			
Email Address of Contact Person			
E-mail of Member Firm			
Website (Optional)			
Type of entity			
Business Registration Number			
Correspondence Address			
Phone	Mobile		
Fax			

SECTION B – PRACTISING DETAILS

Date you intend to commence practising	
Total Number of MIPA Members	



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SECTION C – LIST OF PARTNERS / DIRECTORS

Name	NIC No.	Title / Position at Work	MIPA Registration No.
			MRN /
			MRN /
			MRN /
			MRN /
			MRN /
			MRN /

SECTION D – LIST OF MIPA MEMBERS (other than partners/directors)

Name	NIC No.	Title / Position at Work	MIPA Registration No.
			MRN /
			MRN /
			MRN /
			MRN /
			MRN /
			MRN /
			MRN /
			MRN /
			MRN /
			MRN /



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SECTION E – PROFESSIONAL INDEMNITY INSURANCE

Insurance Company	
Policy Number	
Valid up to	
Amount Insured	

SECTION F – PRACTICE DETAILS

Please indicate your organisation's main specialism with a tick (✓) in the column below.

1	Management Accounting		11	Planning & Strategy	
2	Financial Management		12	Training or Human Resources	
3	Taxation		13	Practice Management	
4	Internal Audit		14	Global Business	
5	Statutory Audit		15	Administration	
6	Corporate Accounting & Reporting		16	Company Secretarial	
7	Management Consultancy		17	Pensions	
8	Investment Advice		18	Marketing	
9	Insolvency and/ or Recovery		19	Information Technology	
10	Treasury		20	Other (<i>Please specify</i>)	

SECTION G – AML/CFT ACTIVITIES

Please indicate if the organisation carries out transactions for its clients concerning the following activities with a tick (✓) in the column below.

	List of Activities as Per Recommendation 22 of the Financial Action Task Force	Yes	No
1	Buying and selling of real estate		
2	Managing of client money, securities, or other assets		
3	Management of bank, savings, or securities accounts		
4	Organisation of contributions for the creation, operation, or management of companies		
5	Creating, operating or management of legal persons or arrangements, and buying and selling of business entities		

Note: Failure to provide accurate and true information to this section is a breach of section 19J(4) of FIAMLA



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SECTION H – BUSINESS SECTOR

Please tick (✓) boxes below to indicate the nature of your company’s business.

1	Agriculture, Forestry, Fisheries	
2	Building, Construction, Civil Engineering	
3	Business Services / Consultancy	
4	Catering, Hotels, Tourism	
5	Distribution – Retail and/ or Wholesale	
6	Financial Services / Property – Banking, Insurance, Investment Management Companies, Security Dealing, Property and Real Estate	
7	Food, Drink and Tobacco	
8	Government, Public Sector, Regulatory Bodies etc.	
9	Industry – Tools, Chemicals / Plastics, Textiles, Pharmaceuticals, Domestic Products, Electrical Goods, Electronics, Furniture/ Wood Products, Printing, Packaging	
10	Media – Arts, Entertainment, Publishing, etc.	
11	Utilities – Power, Electricity, Gas, Water Supply	
12	Social Services, Health and Education	
13	Transport Storage, Shipping, Telecommunications	
14	Other (<i>Please specify</i>)	

SECTION I – DECLARATION

On behalf of the Member Firm, I hereby declare that:

1. At least half of the partners of the firm are registered with MIPA.
2. The firm and the partners individually undertake that they shall be bound by the disciplinary provisions of the rules of MIPA.
3. The firm and the partners individually undertake that they will observe and comply with the Financial Reporting Act and other laws, rules and regulations, policies, and guidelines issued by MIPA and have read the IFAC Code of Ethics issued by the IESBA and adhere to the same.
4. I confirm that to the best of our knowledge, no partner or MIPA Member from the firm has been convicted or been found guilty for any criminal offence in any country.
5. The firm holds an up to date Professional Indemnity Insurance or holds such other financial guarantee the MIPA may determine.
6. If there is a change in the firm’s particulars, I undertake to inform MIPA within 30 days of this change.
7. The firm has made arrangements for the continuity of its practice in the event of incapacity.



Suite 1104, 11th Floor, SIT Business Centre, THE CORE, 62, Cybercity, Ebene

Tel: 4677096 Fax: 4681880

Email: info@mipa.mu Website: www.mipa.mu





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8. I, the undersigned, confirm that the details I have given are true and accurate to the best of my knowledge. I understand that a false declaration on this form may lead to disciplinary action against the member firm and/or may invalidate any decision related to the application.

Date: _____

Signature: _____

Name of Partner/Director signing on behalf of the firm/company: _____

Stamp of firm:

SECTION J - FEES

	Application Fee	Rs	Annual Fee	Rs
Member Firm (MF)	_ Members x Rs 2,000		_ Members x Rs 2,000	
Total payable				

SECTION K - DOCUMENTS TO BE SUBMITTED ALONG WITH REGISTRATION FORM

- ✓ A copy of business registration card
- ✓ A copy of Professional Indemnity Insurance (PII) for the firm (Updated)
- ✓ Letterhead of the firm
- ✓ A copy of PBA Certificate of each Partner/Director signing on behalf of the firm/company
- ✓ Continuity Practice Agreement
- ✓ Certificate of incorporation or other registration document with the Registrar
- ✓ Letter of Approval of Firm from the Financial Reporting Council (where applicable)
- ✓ Shareholding structure

Note: Failure to provide the above documents at time of registration might result in refusal to process the registration.



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