



Mauritius Institute of Professional Accountants

(Established under Financial Reporting Act 2004)

Mauritius Institute of Professional Accountants

MEMBERSHIP REGISTRATION FORM

(For Public Accountants)

YEAR 2020-2021

SECTION A – PERSONAL DETAILS

Title			
Surname			
Forename(s)			
Maiden Name			
Nationality	NIC No.		
Date of Birth	Age		
Gender			
Correspondence Address			
Phone	Mobile		
Fax			
E-mail			

SECTION B – EMPLOYMENT DETAILS

Name of employer	
Address of employer	
Contact details of employer	
Title/Position at Work	
Sector (Tick as appropriate)	<input type="checkbox"/> Public Practice <input type="checkbox"/> Public Sector <input type="checkbox"/> Accounting/Audit Firms <input type="checkbox"/> Business Industry <input type="checkbox"/> Academia/Education <input type="checkbox"/> Not Active <input type="checkbox"/> Other (Please specify)
Name of Firm/Company in which you are involved as Partner/Director	1.
	2.
	3.
In what capacity are you involved in the Firm/Company specified above	1.
	2.
	3.



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

Tel: 4677096 Fax: 4681880

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



International Federation of Accountants®



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SECTION C – PROFESSIONAL DETAILS

Professional Accountancy Organisation	
Date of Membership	
Membership Number	
Do you hold a practising certificate from your qualifying Professional Accountancy Organisation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION D – PRACTISING DETAILS

Date you intend to commence practising	
You intend to commence practising as	<input type="checkbox"/> a sole practitioner/director <input type="checkbox"/> a partner/co-director <input type="checkbox"/> both a sole practitioner and a partner/co-director <input type="checkbox"/> an employee of a firm registered with MIPA

SECTION E – PROFESSIONAL INDEMNITY INSURANCE

Insurance Company	
Policy Number	
Valid up to	
Amount Insured	

SECTION F – BUSINESS TRANSACTIONS

Please indicate your main personal specialisms with a tick (✓) in the columns 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>)	



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SECTION G – AML/CFT ACTIVITIES

Please indicate if you prepare or carry out transactions for your 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

SECTION H – BUSINESS SECTOR

Please tick (✓) boxes below to indicate the nature of business carried by your organisation.

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	Others (<i>Please specify</i>)	

SECTION I – DECLARATION

I hereby declare that:

1. I am a citizen of Mauritius or, being an expatriate, I hold, or I am legally exempted from holding a work permit/occupation/residence permit.
2. I am a compliant member of the Professional Accountancy Organisation from which I have qualified.



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3. I declare that I am currently a fit and proper person and have not been convicted or been found guilty of any criminal offence in any country.
4. I have not been subject to disciplinary actions by a Professional Accountancy Organisation/Regulatory Authority.
5. I undertake that, for so long as I am a member, I will observe and comply with the Financial Reporting Act and other laws, rules and regulations, policies, and guidelines issued by MIPA. I confirm that I have read the IFAC Code of Ethics issued by the IESBA for Professional Accountants and adhere to same.
6. I confirm that I hold a valid Practising Certificate (where applicable) from my Professional Accountancy Organisation.
7. I hold an up to date Professional Indemnity Insurance or I provide such other financial guarantee as determined by MIPA.
8. I have made arrangements for the continuity of my firm's practice in the event of my death or incapacity.
9. I confirm that I have declared 40 units of CPD to MIPA through its online platform, www.mipa.mu.
10. I hereby authorise the Mauritius Institute of Professional Accountants to contact my registering Institute / Association to disclose more information on the particulars above, if necessary.
11. I enclose herewith the application fee in the sum of Rs 5,000, and upon approval of the application I undertake to pay the annual fee in the sum of Rs2,000, being dues for the period from 1 July 2020 to 30 June 2021, as detailed below.
12. 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 me and/or may invalidate any decision related to the application. If there is a change in my particulars, I undertake to inform MIPA within 30 days of this change.

Date: _____

Signature: _____



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SECTION J – FEES

		Rs	Rs
Public Accountant (PBA)	Application Fee	Rs 5,000	
	Annual Fee	Rs 2,000	
Total Payable			

SECTION K – DOCUMENTS TO BE SUBMITTED ALONG WITH REGISTRATION FORM

Public Accountant

- ✓ A copy of a valid Practising Certificate from a Professional Accountancy Organisation (where applicable)
- ✓ A copy of National Identity Card/Passport
- ✓ An updated Professional Indemnity Insurance Cover
- ✓ A copy of Continuity Practice Agreement
- ✓ Curriculum Vitae
- ✓ A copy of Marriage Certificate (if name is different from that on certificate)
- ✓ A copy of Residential/ Occupational/Work Permit (where applicable)
- ✓ Professional level certificate or transcript from Professional Accountancy Organisation
- ✓ Testimonial/Undertaking from employer(s)
- ✓ Evidence of CPD completed

Note: Failure to provide applicable document(s) at time of registration might result in refusal to process the registration.