



Mauritius Institute of Professional Accountants

# Mauritius Institute of Professional Accountants

(Established under Financial Reporting Act 2004)

**COMPULSORY**

Registration No: MRN ...../.....

## MEMBERSHIP RENEWAL FORM

(For Public Accountants)

### YEAR 2020-2021

#### SECTION A – PERSONAL DETAILS

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

#### SECTION B – EMPLOYMENT DETAILS

<b>Name of employer</b>	
<b>Address of employer</b>	
<b>Contact details of employer</b>	
<b>Title/Position at Work</b>	
<b>Sector</b> <i>(Tick as appropriate)</i>	<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 <i>(Please specify)</i>
<b>Name of Firm/Company in which you are involved as Partner/Director</b>	1.
	2.
	3.
<b>In what capacity are you involved in the Firm/Company specified above</b>	1.
	2.
	3.



Suite 1104, 11<sup>th</sup> Floor, SIT Business Centre, THE CORE, 62, Cybercity, Ebene

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Email: [info@mipa.mu](mailto:info@mipa.mu) Website: [www.mipa.mu](http://www.mipa.mu)





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## SECTION C – PROFESSIONAL DETAILS

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

## SECTION D – PROFESSIONAL INDEMNITY INSURANCE

<b>Insurance Company</b>	
<b>Policy Number</b>	
<b>Valid up to</b>	
<b>Amount Insured</b>	

## SECTION E – 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> )	

## SECTION F – 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.

	<b>List of Activities as Per Recommendation 22 of the Financial Action Task Force</b>	<b>Yes</b>	<b>No</b>
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 G – 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 H – CPD DECLARATION

I have complied with the CPD requirements for 2019:

The CPD route I followed is (*please tick as appropriate*):

- Unit route
- Unit route – part-time or semi-retired
- Approved Employer route

To file your CPD return, please login to your account on [www.mipa.mu](http://www.mipa.mu).



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## 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.
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](http://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, 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 – ANNUAL FEES

	Annual Fees 1 July 2020 to 30 June 2021
Professional Accountant (PFA)	Rs 2,000
Public Accountant (PBA)	Rs 2,000
<b>Total Payable</b>	<b>Rs 4,000</b>

### SECTION K – DOCUMENTS TO BE SUBMITTED ALONG WITH RENEWAL FORM

#### Public Accountant

- ✓ A valid Practising Certificate from Professional Accountancy Organisation (*where applicable*)
- ✓ An updated Professional Indemnity Insurance Cover
- ✓ Continuity Practice Agreement

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