

REGISTRATION FORM FOR PUBLIC ACCOUNTANTS

PLEASE INDICATE (✓) IN THE APPROPRIATE BOX:

RENEWAL

PREVIOUS CERTIFICATE NUMBER:

DATE OF ISSUE:

NEW APPLICATION

RECENT
PASSPORT-SIZE
PHOTO

[For new applicant only]

INSTRUCTIONS:

PLEASE COMPLETE ALL THE DETAILS IN **BLOCK LETTER** AND PROVIDE ALL THE SUPPORTING DOCUMENTS LISTED IN **ANNEX 1**.

A. FOR RENEWAL:

ALL LOCAL APPLICANTS MUST FILL IN ALL SECTIONS EXCEPT SECTIONS C AND F.

B. FOR NEW APPLICANTS:

1. LOCAL APPLICANTS FILL IN ALL SECTIONS EXCEPT SECTION C.
2. FOREIGN APPLICANTS MUST FILL IN ALL SECTIONS.

SECTION A: PERSONAL DETAILS

TITLE (MR/MRS/MS/OTHERS):

NAME (AS STATED IN
IDENTITY CARD/PASPORT):

BRUNEI IC NO. AND COLOUR:

PASSPORT NO.:

NATIONALITY:

SECTION B: CONTACT DETAILS

RESIDENTIAL ADDRESS:

POSTAL ADDRESS (IF
DIFFERENT FROM
ABOVE):

CONTACT NO:

(M)

(H)

(O)

(FAX)

EMAIL ADDRESS:

***SECTION C: PROPOSED PARTNER(S)/DIRECTOR(S)**

THIS SECTION IS TO BE FILLED IN BY **FOREIGN APPLICANTS ONLY. PLEASE PROVIDE DETAILS OF **ALL** PROPOSED PARTNES.*

DETAILS OF MANAGING PARTNER (PARTNER 1)

TITLE (MR/MRS/MS/OTHERS):

NAME (AS STATED IN IDENTITY CARD/PASSPORT):

BRUNEI IC NO. AND COLOUR:

PASSPORT NO.: NATIONALITY:

RESIDENTIAL ADDRESS:

POSTAL ADDRESS (IF DIFFERENT FROM ABOVE):

CONTACT NO.: (M) (H)

EMAIL ADDRESS

PUBLIC ACCOUNTANT REGISTRATION NUMBER AND DATE:

DETAILS OF PARTNER 2

TITLE (MR/MRS/MS/OTHERS):

NAME (AS STATED IN IDENTITY CARD/PASSPORT):

BRUNEI IC NO. AND COLOUR:

PASSPORT NO.: NATIONALITY:

RESIDENTIAL ADDRESS:

POSTAL ADDRESS (IF DIFFERENT FROM ABOVE):

CONTACT NO.: (M) (H)

EMAIL ADDRESS:

PUBLIC ACCOUNTANT REGISTRATION NUMBER AND DATE:

SECTION D: ACCOUNTING FIRM

NAME OF ACCOUNTING FIRM
WHERE APPLICANT IS
PRACTISING:

REGISTRATION NO. AT ROCBN:

STATE THE NUMBER OF STAFF EMPLOYED BY YOUR FIRM/CORPORATION (*PROPOSED STAFF FOR NEW APPLICANT):

DESIGNATION	LOCALS	FOREIGNERS
MANAGER		
ACCOUNTANT/AUDITOR		
GENERAL STAFF		
OTHERS (PLEASE STATE)		
TOTAL NUMBER OF EMPLOYEES		

SECTION E: ACCOUNTANCY MEMBERSHIP

PLEASE MARK (✓) WHERE APPROPRIATE:

1. BICPA MEMBER: YES NO

MEMBERSHIP CATEGORY:

HONORARY ASSOCIATE AFFILIATE PROVISIONAL

2. MEMBERSHIP OF PROFESSIONAL ACCOUNTANCY BODY:

- CPA AUSTRALIA
- THE ASSOCIATION OF CHARTERED CERTIFIED ACCOUNTANTS
- THE INSTITUTE OF CHARTERED ACCOUNTANTS OF AUSTRALIA
- THE INSTITUTE OF CHARTERED ACCOUNTANTS OF CANADA
- THE INSTITUTE OF CHARTERED ACCOUNTANTS OF ENGLAND AND WALES
- THE INSTITUTE OF CHARTERED ACCOUNTANTS OF IRELAND
- THE INSTITUTE OF CHARTERED ACCOUNTANTS OF NEW ZEALAND
- THE INSTITUTE OF CHARTERED ACCOUNTANTS OF SCOTLAND

DATE OF ADMISSION TO MEMBERSHIP:

SECTION G: CONTINUING PROFESSIONAL EDUCATION (CPE)

PLEASE PROVIDE DETAILS OF CPD COMPLETED FOR THE PAST ONE YEAR:

DATE	TOPIC	ORGANISER	CPD UNITS
<i>STRUCTURED</i>			
TOTAL CPD UNITS COMPLETED:			

DATE	TOPIC	ORGANISER	CPD UNITS
UNSTRUCTURED			
TOTAL CPD UNITS COMPLETED:			

SECTION H: DECLARATION

1. I HEREBY DECLARE THAT I HAVE NOT BEEN CONVICTED OF A CRIMINAL OFFENCE IN A COURT OF LAW AND/OR KNOWINGLY BEEN INVESTIGATED IN CONNECTION WITH A CRIMINAL OFFENCE IN ANY COUNTRY. (IF HAVE BEEN CONVICTED AND/OR INVESTIGATED, PLEASE PROVIDE DETAILS).

2. I HEREBY DECLARE THAT:
 - (i) I AM NOT AN UN-DISCHARGED BANKRUPT AND AN ORDER IN BANKRUPTCY AGAINST ME IS NOT IN FORCE.

 - (ii) I WILL INFORM THE AUTHORITY IF AN ORDER IN BANKRUPTCY AGAINST ME IS IN FORCE DURING THE CURRENT PRACTICING CERTIFICATE.

3. I HEREBY AUTHORIZE THE AUTHORITY TO SEEK VERIFICATION ON THE INFORMATION SUBMITTED IN ANY MANNER AS IT DEEMS FIT AND PROPER.

4. I HEREBY DECLARE THAT THE INFORMATION CONTAINED IN OR RELATING TO THIS APPLICATION AND THE SUPPORTING DOCUMENTS ATTACHED ARE TRUE AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT I HAVE NOT WILLFULLY SUPPRESSED ANY MATERIAL FACT.

SIGNATURE OF APPLICANT

DATE: _____

THE FOLLOWING MUST BE ATTACHED TOGETHER WITH THIS FORM:

A. FOR ALL APPLICANTS:

- FEE OF BND 2,500.00 PER APPLICANT
- COPY OF BRUNEI DARUSSALAM IDENTITY CARD
- PROOF OF HIGHEST QUALIFICATION ATTAINED
- PROOF OF BICPA MEMBERSHIP [MEMBERSHIP CERTIFICATE AND RECEIPT OF LATEST MEMBERSHIP SUBSCRIPTION FEE PAYMENT]
- PROOF OF PROFESSIONAL ACCOUNTANCY BODY MEMBERSHIP OTHER THAN BICPA [MEMBERSHIP CERTIFICATE AND RECEIPT OF LATEST MEMBERSHIP SUBSCRIPTION FEE]
- A VALID PRACTISING CERTIFICATE FROM RESPECTIVE PROFESSIONAL ACCOUNTANCY BODY
- TESTIMONIAL FROM THE PUBLIC ACCOUNTANT PARTNER OF THE ACCOUNTING ENTITY
[APPLICABLE ONLY FOR NEW APPLICATION]
- CERTIFIED TRUE COPIES OF EVIDENCE OF PARTICIPATION FOR ALL STRUCTURED COURSES DECLARED IN THE LIST OF CPE [IN THE FORM OF CERTIFICATE, ATTENDANCE LIST OR LECTURERS' LETTERS OF CERTIFICATION]
- LETTER OF CONFIRMATION OF APPLICANT'S ADMISSION AS PARTNER IN AN ACCOUNTING FIRM OR DIRECTOR OF AN ACCOUNTING CORPORATION **[APPLICABLE ONLY FOR NEW APPLICATION]**

B. IN ADDITION, **FOREIGN APPLICANTS** MUST ALSO ATTACH THE FOLLOWING:

- COPY OF PASSPORT
- PROOF OF NUMBER OF DAYS RESIDING IN BRUNEI FOR THE PAST ONE YEAR [COPY OF VISIBLE PASSPORT STAMP FOR THE PAST ONE YEAR OR STATUTORY DECLARATION]

COMPLETED FORM TOGETHER WITH THE SUPPORTING DOCUMENTS SHOULD BE RETURNED TO:

REGISTRAR OF PUBLIC ACCOUNTANTS
REVENUE DIVISION
LEVEL 1, ISLAND BLOCK
MINISTRY OF FINANCE AND ECONOMY
COMMONWEALTH DRIVE, BB3910
BRUNEI DARUSSALAM