

## **Relinquishment Form**

Full Name:	Membership Number:
Address:	
Date of Birth:	
E-mail address:	
Telephone Number:	

Please tick the appropriate box(s) below. Where applicable, also indicate your reasoning behind your decision

- I have chosen to relinquish my IFA / FTA membership
- I have chosen to relinquish my practising certificate with the IFA / FTA
- I would like to stop being supervised by the IFA for Anti Money Laundering Compliance

Please complete the relevant section(S) on the either page(s) 2 or 3 as to the reasoning behind your desire to relinquish your membership/practising certificate /anti money laundering supervision with the IFA.

**Section 1 : Relinquishing Membership**

**Please return your Membership Certificate to the IFA/FTA**

I have chosen to relinquish my IFA/FTA membership because

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**Section 2 : Relinquishing Practising Certificate**

**Please return your Practising Certificate to the IFA/FTA**

**If you are ceasing to practice, it is strongly recommended that you alert your clients accordingly and that you contact your insurance provider to arrange run-off professional indemnity insurance.**

I have chosen to relinquish my Practising Certificate because I have;

- Sold my practice. If sold, please provide details of whom you have sold the practice to below;

Business Name : .....  
Contact Name : .....  
Business Address : .....  
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.....  
Business Number : .....

- Retired from practice, including due to ill health. If retired, is your practice still active? If so, please provide contact details for who is in charge of the practice now;

Business Name : .....  
Contact Name : .....  
Business Address : .....  
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.....  
Business Number : .....

- Hold a practicing certificate with another membership body. Please state the name of the professional body below

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- Changed careers, or now working as an employee and not providing services to the public  
If any of the contact details have changed please provide the new ones below

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Any other reason;

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**Section 3 : Relinquishing Anti Money Laundering Supervision**

I have chosen to relinquish Anti-Money Laundering because;

- I am no longer in practice offering accountancy services to the public, and therefore no longer require Anti Money Laundering Supervision. If you have chosen this option, please also complete section 2 indicating the reason why you are no longer in practice
- I have Anti Money Laundering Supervision with another professional body. Please state the name of the professional body

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Any other reason;

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Signature:..... Date: .....

**Please return this completed form to;**

E-Mail : [Membership@ifal.org.uk](mailto:Membership@ifal.org.uk)

Address : IFA, The Podium, 1 Eversholt Street, Euston, London, NW1 2DN

Office Notes :