

Relinquishment form for membership, practising certificate and / or member firm supervision

Important information

	Intermediate (IFA AIPA) membership	Associate (AFA MIPA) membership	Associate Tax Adviser (ATA) membership	Fellow (FFA FIPA) membership	Fellow Tax Adviser (FTA) membership
Please indicate which level of membership you want to relinquish					

	Practising certificate	Firm Supervision
Please indicate whether you would also like to relinquish your (please tick where appropriate)		

Complete **ALL** appropriate sections of the form using block capitals and black ink for scanning purposes.

What do I need to complete?

Dependent on what area of your membership you are relinquishing you will need to complete the relevant sections outlined below.

Failure to complete may delay your request.

	Section A	Section B	Section C	Section D	Section E
IFA, AFA or FFA membership only	√	√			√
ATA or FTA membership only	√	√			√
AFA and ATA, or FFA and FTA membership only	√	√			√
AFA, ATA, FFA and/or FTA, practising certificate and firm supervision	√	√	√	√	√
Practising certificate only	√		√		√
Practising certificate and firm supervision only	√		√	√	√
Member firm supervision only	√			√	√

Please note you will not be able to retain firm supervision if you relinquish your practising certificate.

There are two ways to submit your application form, supporting documents and application fee:

1. Email to membership@ifa.org.uk
OR
2. Post to:

**Institute of Financial Accountants
Membership Department
CS111, Clerkenwell Workshops
27-31 Clerkenwell Close
Farringdon
London
EC1R 0AT**

Please provide your reasoning for the above relinquishment within the boxes provided overleaf.

Please ensure you return your membership and practising certificates as appropriate as these remain the property of the Institute and must be returned upon termination of membership.

If you choose to re-apply to the Institute for membership, practising certificate and/ or firm supervision at a later date, you will need to meet the entry criteria for those respective services at that time of application.

If you do not meet the entry criteria when re-applying you may be required to undertake further study.

Please note if you are currently facing regulatory or disciplinary action by the Institute, in accordance with the Institute's bye-laws we will not be able to process your relinquishment request until an outcome has been achieved.

Section A - Personal details

Member number	
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Title	
First name	
Middle name	
Surname	
Date of birth	
Home address	
Home telephone number	
Mobile telephone number	
Email address	

Firm details (if in practice)

Firm number	
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Name of firm	
Main office address	
Telephone number	
Mobile number	
Email address	
Website address	

Section B - Relinquishing membership

I am relinquishing my membership because of;	
Changed career – no longer in the accountancy profession	
Unemployment	
In financial difficulty	
Unable to meet public practice regulations	
Returning to full time education	
Membership not appropriate	
Moving into retirement	
Ill Health	
Not enough value for money	
Unable to meet CPD requirements	
Relocated overseas	
Please provide the country you are relocating to;	
Other	
Please provide any further relevant details:	

	Yes	No
Do you wish for this relinquishment to become effective from when the request is processed		
If no, please provide the date you would like your relinquishment to take effect:		

Section C - Relinquishing Practising Certificate

I am relinquishing my practising certificate because of:	
Hold a practising certificate with another professional body	<input type="checkbox"/>
Please confirm who you hold a practising certificate with	
Changed career and am now an employee in an accountancy profession	<input type="checkbox"/>
Retired and closed my practice	<input type="checkbox"/>
Retired and sold my practice (if sold, please provide details of the new owners(s) below)	<input type="checkbox"/>
Name of firm : Name of key contact : Address : Telephone number : Email address : Contact name :	
Changed career and sold the practice (if sold, please provide details of the new owner(s) below)	<input type="checkbox"/>
Name of firm : Name of key contact : Address : Telephone number : Email address : Contact name :	
Other	<input type="checkbox"/>
Please provide any further relevant details you would like to:	

If you are ceasing to practice you can retain membership.

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.

	Yes	No
Do you wish for this relinquishment to become effective from when the request is processed	<input type="checkbox"/>	<input type="checkbox"/>
If no, please provide the date you would like your relinquishment to take effect:		

Section D - Relinquishing Firm Supervision

I am relinquishing my firm supervision because;	
I am no longer in practice and do not require firm supervision	
I am no longer trading	
Merged into another accountancy firm (if yes, please provide details of the new owner(s) below)	
Name of firm : Name of key contact : Address : Telephone number : Email address : Contact name : AML supervision body :	
Changed supervisory body	
Please provide who your AML supervisory body is:	
Other	
Please provide any further relevant details:	

If you are ceasing firm supervision and are continuing to offer accountancy services to the public for reward you must ensure you have appropriate AML supervision.

In accordance with the Institute's bye-laws, any affiliates or BOOMs linked to a firm that relinquishes supervision will result in the associated affiliates and / or BOOMs being made inactive.

	Yes	No
Do you wish for this relinquishment to become effective from when the request is processed		
If no, please provide the date you would like your relinquishment to take effect:		

Section E- Confirmation

I agree that;		
<ul style="list-style-type: none">• the information I have provided in this form is correct and to the best of my knowledge, and• I want the Institute to update their system accordingly		
Print your full name	Signature	Date (DD/MM/YYYY)

Verification

Before we accept your application, we may need to obtain “satisfactory evidence” to confirm your identity and we will use electronic verification for this purpose. We may also need to obtain such evidence after we have begun to act on your application. Although a record of our enquiry will be entered on your record it will not affect your credit history.

In certain circumstances, we may also need to obtain evidence confirming the identities of third parties, the source of any funds or other property, the purpose of any instructions or any other matter.

Institute’s data protection

The Institute takes your privacy seriously. All personal information provided to the Institute on this form or through any other method of communication is collected and held in accordance with the General Data Protection Regulation.

We will treat your personal information in accordance with data protection legislation.

We will use your information for administering your membership, for communicating with you in respect of your membership and for research.

We will also use your information to carry out our responsibilities as a regulator and as a professional body. To do this, we may share your information with other organisations as required by law.

We will transfer your information outside the European Economic Area (EEA) e.g. IPA Group. These countries may not have similar data protection laws to the EEA, so if we do transfer your information we will take the necessary steps to ensure that your privacy rights are still protected.

Copies of the Data Protection Policy and the Privacy and Cookie policies are available to view on the Institutes website www.ifa.org.uk/dataprotection.