

**Membership re-admission form: UK Applications**

Existing members can re-apply to the in accordance with the IFA byelaws and regulations.

In accordance with IFA byelaw 5.1 (c), you can re-apply to be re-added to the IFA register if you;

1. were not removed from the register of members by order of a Conduct Committee,
2. can demonstrate sufficient recent relevant experience,
3. can demonstrate sufficient relevant CPD,
4. are considered fit and proper to be associated with the Institute and the accountancy profession; and
5. have remitted all appropriate fees to the Institute.

If you cannot provide this you will need to apply as a new member, meeting the IFA current entry criteria. Our routes to membership can be viewed here [routes to membership](https://www.ifa.org.uk/joinus/routes)

**Entry criteria**

As part of the re-instatement process, the IFA asks that you provide a minimum of 40 hours CPD evidence for every year you have been aware from the IFA.

Based on byelaw 5.1(c) you can re-instate at your original grade of membership, as long as you:

1. were not removed from the register of members by order of a Conduct Committee, and
2. can demonstrate sufficient recent relevant experience, and
3. can demonstrate sufficient relevant CPD, and,
   1. are considered fit and proper to be associated with the Institute and the accountancy profession;

and

* 1. have remitted all appropriate fees to the Institute

CPD can be demonstrated by completing CPD section of this form and supplying all certificates for verifiable CPD listed.

If no CPD has been undertaken, you will need to complete the above required hours before applying or apply under the current entry criteria [routes to membership](https://www.ifa.org.uk/joinus/routes)

If you plan to undertake the required hours, please be aware the required hours will increase the longer you are not back in membership.

The easiest way to submit your re-instatement form, supporting documents and appropriate fees is to email the form to [membership@ifa.org.uk](mailto:membership@ifa.org.uk)

|  |  |  |
| --- | --- | --- |
| **Public Practice Question** | **YES** | **NO** |
|  | | |
| Are you currently in public practice? |  |  |
| If not, do you plan to move into public practice within the next 12 months? |  |  |

**Necessary requirements**

As your membership wishing to re-instateyou will be required to submit the below documents.

|  |  |
| --- | --- |
| **Evidence to be submitted to re-instate** | **Submitted?** |
| Completion of this entire form |  |
| Completion of the section D with supporting completion and attendance certificates |  |
| An up-to-date CV, detailing sufficient relevant experience |  |
| Certified ID |  |

|  |  |
| --- | --- |
| **Evidence to be submitted for re-instating your practising certificate** | **Submitted?** |
| A copy of your PII Certificate |  |
| Evidence of ICO certification |  |
| An up-to-date DBS obtained within the last 3 months |  |
| Evidence of AML supervision |  |
| Please confirm who your AML supervisory body is | |
| **If you are in practice but do not have AML supervision you will be required to complete a firm return and obtain AML supervision with the IFA.** | |

**Section A - Personal information**

**Please complete the form in block capital letters and black ink.**

|  |  |
| --- | --- |
| Previous membership number |  |

|  |  |
| --- | --- |
| Title |  |
| First name |  |
| Middle name |  |
| Surname |  |
| Date of birth (DD/MM/YYYY) |  |
| Email address |  |
| Mobile telephone number |  |
| Home telephone number |  |
| Home address 1 |  |

|  |  |
| --- | --- |
| Other address  (e.g. practice/business) |  |
| Work telephone number |  |

|  |  |  |
| --- | --- | --- |
| Which contact details would you prefer us to use? | **HOME** | **OTHER** |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you previously been known by any other name?  *If yes, please provide names below* | | **YES** | **NO** |
|  |  |
| First name |  | | |
| Middle name |  | | |
| Surname |  | | |
| Date you changed name (DD/MM/YYYY) |  | | |

**Membership of other bodies**

|  |  |  |  |
| --- | --- | --- | --- |
| Main professional body | | **YES** | **NO** |
|  | | | |
| Do you hold membership with another professional accountancy body? | |  |  |
| If yes, please provide the following details and evidence to support this: | | | |
| Name of professional accountancy body |  | | |
| Start date (DD/MM/YYYY) |  | | |
| End date (if applicable) (DD/MM/YYYY) |  | | |

**Section B - Fit and proper declaration**

All members of the IFA must be of good character. Please complete the fit and proper declaration below. Failure to complete the declaration will result in your application being rejected.

|  |  |  |
| --- | --- | --- |
| **Section A – Financial soundness** | **YES** | **NO** |
| Have you, in the United Kingdom or elsewhere: |  |  |
| * Been the subject of any debt or award against you that remains outstanding or was not satisfied within a reasonable period? |  |  |
| * Been declared bankrupt, subject to bankruptcy procedures, made arrangements with creditors or involved in any proceedings relating to these areas? |  |  |
| * Been involved as a director, partner or manager of a business that has gone into insolvency, liquidation or administration? |  |  |
| * Been the subject of debt collection agencies, court action by HMRC, the IFA or other third parties? |  |  |
| If you have answered ‘yes’ to any of the above, please provide details below: | | |
|  | | |
| **Section B – Criminal or civil offences** | **YES** | **NO** |
| Have you, in the United Kingdom or elsewhere:   * Been subject to a criminal conviction as set out in [Schedule 3 to the Money Laundering Regulations 2017](https://www.ifa.org.uk/technical-resources/aml/criminalrecordscheck/schedule-3-to-the-mlr-2017-relevant-offences) or equivalent legislation as may apply in other jurisdictions which is unspent? |  |  |
| * Been subject to, pleaded guilty to, or found guilty of any other offence which is unspent? |  |  |
| * Been subject to any adverse finding or any settlement in civil proceedings, particularly in relation to any financial business, fraud, misconduct or the formation of companies and trusts? |  |  |
| If you have answered ‘yes’ to any of the above, please provide details below: | | |
|  | | |
| **Section C – Good reputation and character** | **YES** | **NO** |
| Have you, in the United Kingdom or elsewhere:   * Been notified of any potential investigation and/or disciplinary proceedings by a professional body, tax authority, regulator, court or tribunal? |  |  |
| * Been subject to investigation and disciplinary proceedings by a professional body, tax authority, regulator, court or tribunal resulting in a finding? |  |  |
| * Been subject to disciplinary proceedings by an employer resulting in a finding against you? |  |  |
| * Been dismissed, asked to resign and resigned, from employment, position of trust, fiduciary appointment or similar? |  |  |
| * Been disqualified from acting as a director, trustee, or disqualified from acting in a managerial capacity in the affairs of the organisation? |  |  |
| * Been involved with a company, partnership or other organisation that has been refused registration, authorisation, and membership or license to carry out any trade, business or profession or had that registrations, authorisation, and membership or license revoked, withdrawn or terminated? |  |  |
| * Been refused entry to or excluded from membership of any profession or vocation? |  |  |
| If you have answered ‘yes’ to any of the above, please provide details below: | | |
|  | | |
| * Are you currently in the process of any investigation or disciplinary procedures as described above? |  |  |
| If you have answered ‘yes’ to the above, please provide details below: | | |
|  | | |

**Section C - Member permissions**

Please indicate below how you would like the IFA to communicate with you regarding IFA business partner products and services, CPD events and workshops. The IFA’s preferred method of communicating is email.

The IFA will automatically communicate annual invoicing, regulatory issues and any requests to complete annual returns by email and post.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Email** | **Post** | **Telephone** | **Text** |
| I agree to be contacted by the IFA by the following communication preferences |  |  |  |  |

Please indicate whether you agree to be contacted as described below:

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| I agree to be contacted by my local IFA branch ambassador about regular meetings that count towards my CPD and can help me in my career path. |  |  |
| I agree to be contacted by the IFA’s business partners about their products and services. |  |  |

**Section D - CPD details**

Please provide details of all CPD undertaken since your membership was interrupted, either by lapsing or resignation.

Please note we can only accept verifiable CPD when it is accompanied by evidence, such as attendance certificates or completion certificates.

In accordance with the IFA CPD requirements, we are asking for a minimum of 40 hours CPD for every year your membership has been either lapsed or discontinued.

If you are unsure when your membership lapsed or discontinued, please contact the membership department before submitting this form.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date attended or completed** | **Subject are and Learning objective** | **Type (Verifiable/ Non-verifiable)** | **Number of hours** | **Comment** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Section E - Member undertakings**

This is a formal declaration between you as an IFA member and the IFA as your professional membership body. The IFA reserves the right to remove you from membership and potentially initiate disciplinary proceedings if you provide false information.

|  |  |  |
| --- | --- | --- |
| I have read and by accepting membership, I agree to adhere to the **IFA’s Bye-laws**, **Code of Ethics**, **Disciplinary Regulations**, **Continuing Professional Development Regulations** and any other guidance issued by the IFA that may relate to my membership, including but not limited to **Professional Conduct in Relation to Taxation** and **Public Practice Regulations**. This includes obtaining an IFA practising certificate and firm supervision if I am offering or start to offer services in the future.  Visit [member regulations](https://www.ifa.org.uk/about-us/acting-in-the-public-interest/memberregulations) for details. | | |
| I declare that:   * to the best of my knowledge and belief all of the information given in this application is true and correct. * I have checked the Bye-laws, regulations and other documentation of any other professional bodies I am associated with before applying to the IFA for membership.   I confirm that:   * I agree to and am able to complete the annual member return and firm return (where my firm is supervised by the IFA) which are online submissions; * I am able to and agree to communicate with the IFA by email; * I agree to provide the IFA with correct contact details, including an email address for regulatory and supervisory purposes; * by applying for membership, a practising certificate and/or supervision with the IFA, my English language proficiency allows me to understand all IFA regulations and Bye-laws, to communicate with the IFA and the IFA to communicate with me.   I understand that:   * I must inform the IFA of any material changes to the information I have provided within 10 working days of the change; * the IFA reserves the right to contact me and/or other relevant parties to verify any of the information provided in this form or supporting documentation; * the IFA will confirm my identity using electronic verification, and where appropriate, will make further checks as part of its due diligence before accepting me into membership or offering me a practising certificate; * if I am in or enter into public practice, I will be required to obtain a basic DBS certificate; * if I obtain a tax practising certificate and start to offer services outside of the tax practising certificate remit, I will be required to immediately contact the IFA and apply to upgrade my IFA practising certificate; and * if I am to be supervised by the IFA as a member firm for compliance with AML, I will complete a firm return before an offer of membership can be made. * the IFA conducts all of its communications in English. | | |
| **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 address history 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.

**IFA data protection**

IFA takes your privacy seriously. All personal information provided to IFA on this form or through any other method of communication is collected and held in accordance with the UK General Data Protection Regulations and the DPA 2018 and any subsequent legislation.

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

We will use your information for administering your membership, for communicating with you in respect of your membership and for IFA 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 UK specifically to Australia where, as part of the IPA Group, we have shared IT systems. When we transfer your information we will take the necessary steps to ensure that your privacy rights are still protected.

Copies of the IFA Data Protection Policy and the Privacy and Cookie policies are available to view on the [IFA website](http://www.ifa.org.uk/dataprotection) .

**Section F – Method of payment**

|  |  |
| --- | --- |
| **Choose ONE method of payment** | **Tick** |
| **BACS –** I confirm that I am paying my fees by BACS. This method of payment provides a fast and efficient means to renew your annual membership. Simply make payment to:  **The Institute of Financial Accountants**  **Sort code: 23-05-80**  **Bank account number: 27604875**  **Please note:** If paying via this method you **must** ensure that your bank uses your **membership number, initials and surname**asyour BACS payment reference so we can locate and allocate the payment.  Please note your application will not be assessed until your application fee has been paid.  You remain liable to pay any bank charges incurred. Charges not paid may result in your membership not being renewed until all charges are received in full. |  |
| **STERLING CHEQUE OR BANKER’S DRAFT DRAWN ON A UK BANK –** I confirm that I am paying my fees by Sterling cheque or banker’s draft, made payable to **the Institute of Financial Accountants**. |  |
| **INVOICE –** I would like to pay by invoice and request that an invoice is sent to the email included on the application form.  Please note your application will not be assessed until your application fee has been paid nor will membership be fully approved until all prescribed fees have been paid. |  |
| **PAYMENT BY DEBIT/CREDIT CARD**  I authorise you to take all appropriate fees in order to offer me the grade of membership I have applied for. This will include the appropriate re-instatement fee, exemption fee, annual membership fee, practising certificate fee and member firm fee. If supervision is included in the re-instatement we will only take payment once the firm return has been completed.  A credit card with a visa and a master card  Description automatically generated  **I confirm that this card is mine. If this card belongs to another person, please provide written confirmation and contact details to whom this card belongs.**  This card does not belong to me  **Name**  **Telephone number**  **Email**  **Signature ……………………………………………….** |  |