



Members

IFA/FTA practice certificate/ATOLARA licence application form 2016

1 Eligibility to apply for an IFA/FTA practising certificate

Before applying please check that you need a practising certificate at www.ifa.org.uk/members/new-members/obtaining-an-ifa-practising-certificate/

In order to be eligible to apply for an IFA/FTA practising certificate you must meet three criteria:

- have obtained membership at either associate or fellow level with the IFA and/or FTA (you will only be able to apply for a practising certificate with your relevant membership body);
- have at least two years' RELEVANT work experience in an accounting, finance or taxation (where applying for an FTA practising certificate) role in the UK; and
- be based in the UK.

You also need to be covered for Money Laundering Regulations 2007. This can be either with the IFA or an alternative money laundering supervisory body for the accountancy sector.

The IFA/FTA guidance for membership will help you complete the application form.

I am applying for:	YES	NO
IFA practising certificate		
FTA tax practising certificate		
AML supervision		

1.1 Eligibility to apply for an IFA licence – ATOL Reporting Accountants (ARA) Scheme

Applicants who are successful in obtaining an IFA practising certificate can also apply for an ATOL ARA licence. This licence will be in accordance with the Civil Aviation Authority's (CAA) ATOL Reporting Accountants (ARA) and IFA licensing agreements. We will assess your application to hold an ATOL ARA licence free of charge.

As part of the IFA's licensing agreements, members of other professional bodies will be required to become an IFA member **and** hold an IFA practising certificate.

I am applying for:	YES	NO
IFA licence – ATOL Reporting Accountants Scheme		

2 Completing and submitting your application form

Complete **ALL** sections of the form using block capitals and black ink. Remember to enclose **ALL** your supporting documents and the application fee.

The information that you provide must be true, correct and up to date. It is your responsibility to inform us of any changes within 10 working days.

Forms which are incomplete, illegible or where the application fee and supporting documents are missing will not be processed.

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

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

**Institute of Financial Accountants
Membership Department
The Podium
1 Eversholt Street
London
NW1 2DN**

3.1 Practising certificate

Core documents which you MUST enclose:	YES
A copy of my professional indemnity insurance	
An up-to-date CV and job description	

AND

Additional documents which you MUST enclose if you hold them:	YES/NO
Copies of any practising certificates held with other professional accountancy bodies	
Copies of any other alternative AML supervision certificates	

3.2 ATOL ARA licence checklist

Core documents which you MUST enclose:	YES
Evidence relating to my continuing professional development for the last 12 months relevant to ATOL returns in a separate note or schedule	
Details of my training plan for the next 12 months relevant to ATOL returns in a separate note or schedule	
Evidence of successfully passing a professional examination/module covering assurance work	
Evidence of successfully passing the CAA ATOL training package	
Evidence of my experience and knowledge, including my practical experience	

4 Next steps

Once we have assessed your application we will contact you with a decision about your eligibility for a practising certificate. We aim to provide a response within 15 working days. However, during October – December this may take longer as existing membership renewals are prioritised.

5 Personal details

Membership number	
Title	
Surname/family name	
First name(s)	
Date of birth	

Find a member

As an IFA and/or FTA practising member, I want my name and practice address published on ifa.org.uk under the Find a member area.	YES	NO
Which contact details would you prefer us to use?	PERSONAL	PRACTICE

6 Practice details

Name of practice	
Trading name (where different from above)	
Address of practice	
Telephone number	
Email address	
Website address	
Legal form of practice	(sole practitioner, partnership, limited company)
Your position in the practice	(sole practitioner, director, partner, nominated officer, individual with beneficial interests)

Business continuity	YES	NO
We strongly recommend that you appoint a deputy in the event of your death or incapacity due to ill health.		
Name		
Address		
Telephone number		
Mobile number		
Email address		

Financial performance and practice activities		
Please indicate the activities the practice performs		
Accountancy services	YES	NO
Preparation of accounts and/or business records		
Payroll		
Tax compliance		
Tax advice		
Management consultancy		
ATOL returns		
Other (please specify)		
Trust and company formation services	YES	NO
Company services		
Company formation		
Interim management services		
Agency providing company directors/company secretaries		
Agency providing trustees		
Other trust or company services (please specify)		

Please contact us if you starting performing any additional activities within the practice that you have not previously mentioned.

7 Client location and type

		YES	NO
Do you have any clients located outside of the UK?			
If YES, please list countries and % of your fees derived from each country	Countries	% of fees	
	1)	1)	
	2)	2)	
	3)	3)	
Percentage split of clients:			
Sole trader		%	
Partnerships		%	
Limited companies		%	
Charities		%	
ATOL returns		%	
Other		%	
Breakdown of the number of clients who deal in sterling and US dollars		Sterling	US dollars

8 Clients' money

Clients' money means money in any currency (whether in the form of cash, cheque, draft or electronic transfer) which a practice holds or receives from a client and which is not immediately due and payable on demand to the practice to its own account. For more information refer to the *Members' Handbook* at www.ifa.org.uk/members/.

	YES	NO
Does your practice hold client money?		
Is this client money held in separate client accounts?		

9 Gross earnings

Annual gross practice fee income for your last accounting period	£	
Please provide your year-end date (DD MM YYYY)	/ /	
Please give the percentage split of client fees between:	%	
Sole trader	%	
Partnership	%	
Limited companies	%	
Charities	%	
ATOL returns	%	
Others	%	
Is your income from any one client more than 15% of your gross fee income?	YES	NO
If yes, please state the amount	£	

10 Professional indemnity insurance details

Professional indemnity insurance is a mandatory requirement for all practising members to meet potential claims. Your professional indemnity insurance provider will advise you on what the appropriate level of insurance is to cover your business. For more information refer to the *Members' Handbook* at www.ifa.org.uk/members/.

Name of insurer		
Policy number		
Address of insurer		
Amount of cover		
Start date		
Expiry date		
	Yes	No
Does your PII policy comply with the liability cap required by the Civil Aviation Authority Guidance Note 10?		

11 Principals and employees

Use the table to provide details of the principals and employees who currently work within your practice. All those who are designated to be practitioners must complete a separate practising certificate application form.

	Principal/Employee	Principal/Employee	Principal/Employee	Principal/Employee
IFA member number				
First name				
Surname				
Date of birth				
Membership of professional bodies				
Office location				
Practising certificate held Y/N				
Designated as a licensed practitioner? Y/N				
% of voting rights in this practice				

12 Additional practices

Please provide information on any **additional** practices in which you are a partner/director/principal or employee or hold a standing in any other capacity that you feel is important. If there are more than four offices please use additional paper to record them and attach to this application form.

	Address	Telephone number	Role in office
Office 1			
Office 2			
Office 3			
Office 4			

13 Anti-money laundering supervision

You are obliged by law to be supervised for compliance with Money Laundering Regulations 2007. If you would prefer for an alternative professional body to supervise you, please indicate no below and provide their details along with written evidence.

	YES	NO
I want the IFA to act as my anti-money laundering supervisory body		
Where NO please provide:		
Name of professional body		
Start date		
End date		
Date of last monitoring visit/desktop review		

HMRC recommends that your AML supervision as an accountancy service provider should be with the professional body you are associated with rather than with them.

14 Non-member (nominee) anti-money laundering supervision

Practising members supervised by the IFA under Money Laundering Regulations have the option to nominate additional partners/principals/directors in their practice to be covered by the IFA for AML supervision.

There is no-one I would like to nominate:

Non-member AML supervision details	
Title	
Surname	
First name(s)	
Date of birth	
National Insurance number	
Address	
Telephone number	
Email	
Profession	
Job title	
Relationship to nominee	
Time known	

15 Anti-money laundering compliance

This section only needs to be completed if you want the IFA to act as your Money Laundering Supervisor.

Money Laundering Reporting Officer (MLRO)		
Name of MLRO and title in the practice		
Address	(where different from the practice address)	
Telephone number		
Mobile number		
Email address		
Name of deputy MLRO and title in the practice		
	YES	NO
The practice has written anti-money laundering procedures		
The practice carries out risk assessments of all current clients		
The practice conducts due diligence procedures for new and existing clients		
The practice undertakes regular and appropriate training to staff on Money Laundering Regulations 2007		
The practice monitors its compliance with the Money Laundering Regulations 2007 regularly		
Do you know or have reason to believe that any of your clients is a politically exposed person?		

16 ATOL ARA licence

Practical experience

To support your ATOL ARA licence application please provide details of up to five engagements which demonstrate your practical experience gained in the last 24 months in relation to ATOL returns work.

Engagement 1	
Dates engagement conducted	
Employer/practice	
Client name	
ATOL number	
Client address	
Scope of engagement	
Your role	
Risk areas and work you performed to address the risks	
Number of hours worked	

Engagement 2	
Dates engagement conducted	
Employer/practice	
Client name	
ATOL number	
Client address	
Scope of engagement	
Your role	
Risk areas and work you performed to address the risks	
Number of hours worked	

Engagement 3	
Dates engagement conducted	
Employer/practice	
Client name	
ATOL number	
Client address	
Scope of engagement	
Your role	
Risk areas and work you performed to address the risks	
Number of hours worked	

Engagement 4	
Dates engagement conducted	
Employer/practice	
Client name	
ATOL number	
Client address	
Scope of engagement	
Your role	
Risk areas and work you performed to address the risks	
Number of hours worked	

Engagement 5	
Dates engagement conducted	
Employer/practice	
Client name	
ATOL number	
Client address	
Scope of engagement	
Your role	
Risk areas and work you performed to address the risks	
Number of hours worked	

17 Undertakings

This is a formal agreement between yourself as the member and the IFA as your membership body and you must adhere to the following undertakings. The IFA reserves the right to remove you from membership and potentially begin any disciplinary proceedings if you provide false information.

<p>I/practice agree to adhere to the IFA’s Bye-Laws, Code of Ethics, Disciplinary Regulations, Code of Best Practice, <i>Members’ Handbook</i>, Professional Conduct in Relation to Taxation and any other guidance issued by the IFA.. Visit www.ifa.org.uk/members/new-members/regulations/ for details.</p>		
<p>I/the practice understand that:</p> <ul style="list-style-type: none"> • If the application is approved, I/the practice undertake that I/the practice will, at all times, comply with IFA’s licensing arrangements for the CAA’s ATOL Reporting Accountants Scheme. • None of the IFA, its officers, staff, members of the Advisory Committee or other committees or monitoring or disciplinary schemes, can be held liable in damages for anything done or not done in dealing with any of the functions connected with licensing under the IFA’s licensing arrangements or enforcing the term of monitoring the compliance with the licensing arrangements in any respect, unless the act or omission is known to have been in bad faith. 		
<p>I/the practice declares that:</p> <ul style="list-style-type: none"> • to the best of my/its knowledge and belief all of the information given in this application is true and correct; • it must inform the IFA of any material changes to the information I have provided within 10 days of the change; and • the IFA reserve the right to contact me/the practice, and/or other relevant parties, to verify any of the information provided in this form or appendices 		
<p>I/ practice agree that if any individuals nominated by me/ the practice to be supervised by the IFA for Anti-Money Laundering Supervision, then I accept responsibility for ensuring that all these individuals, whether or not they are members of the IFA, are compliant with any requirements of the Money Laundering Regulations 2007 and co-operate with the IFA Anti - Money Laundering monitoring requirements.</p>		
Print your full name	Signature	Date (DD MM YYYY)

IFA Data Protection Policy

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 Data Protection Act 1998. Non-sensitive information may be passed to third party and partner organisations for the promotion of goods and services relevant to financial accountancy and tax.

We will treat your personal information in accordance with the data protection legislation. We will use your information for administration, communication and research. We will also use your information to carry out our responsibilities as a regulator and as a professional body. To do this, we will share your information with other organisations as required by law.

We may 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 IFA Data Protection Policy and the Privacy and Cookie policies are available to view on the IFA website www.ifa.org.uk/dataprotection

Before we accept your application, we may need to obtain ‘satisfactory evidence’ to confirm your identity and we may 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.

18 Fees

IFA practising certificate

All our fees are annual and run from 1 January-31 December irrespective of when you join.

£168.00 –full-time practice with gross fees within the last 12 months over the authorised limit of £20,000.

£108.00 –part-time practice with gross fees within the last 12 months under the authorised limit of £20,000.

FTA tax practising certificate

£72.00 – fee applies to those in practice.

IFA regulated AML supervision fees

£80.00 – IFA/FTA members

£90.00 – per non-member additional partner

ATOL ARA licence

If you are already a member, we will assess you for an ATOL ARA licence free of charge.

If you are eligible the licence will be granted free of charge.

View all our fees at www.ifa.org.uk/members/new-members/application-fees/

Choose ONE method of payment	Tick
<p>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:</p> <p>The Institute of Financial Accountants Sort code: 40-40-32 Bank account number: 71640623</p> <p>Please note: If paying via this method you must ensure that your bank uses your membership number, initials and surname as your BACS payment reference so we can locate and allocate the payment.</p> <p>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.</p>	
<p>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.</p>	
<p>PAYMENT BY DEBIT/CREDIT CARD</p> <div style="border: 1px solid black; padding: 10px;"> <p>Payment by Debit/Credit Card</p> <p><input type="checkbox"/> Visa <input type="checkbox"/> Mastercard</p> <p>Card No.</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Expiry date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3 Digit Security Code <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Signature _____ Date _____</p> </div>	