

IFA/FTA practice certificate/ATOLARA licence application form 2017

Institute of Financial Accountants

The Podium, 1 Eversholt Street, Euston, London NW1 2DN

T: +44 (0)20 7554 0730 **E:** membership@ifa.org.uk

www.ifa.org.uk

The Institute of Financial Accountants registered in England No. 9350923 Limited by Guarantee
Registered office: 6th Floor, 60 Gracechurch Street, London EC3V 0HR

1 Eligibility to apply for an IFA/FTA practising certificate

Before applying please check whether or not 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.

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	
Main office address	
Telephone number	
Mobile number	
Email	
Website	

	Sole practitioner	Partnership	Limited partnership	Corporate practice
Type of practice				
Other				

Would you like your name and practice name and address to be published on ifa.org.uk under the find a member area?	YES	NO

7 Trading names of practice

If your practice trades under more than one name, but with the same owners, please provide details of the trading names below.

Trading name	
Address	
Trading name	
Address	

If you have more than two trading names please contact the IFA directly to inform us of this.

8 Other offices (excluding main office)

Address	
Telephone number	
Address	
Telephone number	

If you have more than two other offices please contact the IFA directly to inform us of this.

9 Partners/directors/Principals who are members of the IFA and/or FTA

Please provide details of all partners/directors/principles currently working within your practice **who are members of the IFA and/or FTA**.

People:	1	2	3	4
Member number				
First name				
Last name				
Year they joined the practice (yyyy)				
Position held in practice (please delete as appropriate)	Partner Director Principal	Partner Director Principal	Partner Director Principal	Partner Director Principal

Practising certificate held Y/N				
If yes, with whom?				

If you have more than four partners/directors/principals please contact the IFA directly to inform us of this.

10 Partners/directors/principals who are NOT members of the IFA and/or FTA

Please provide details of all partners/directors/principals currently working within your practice **who are NOT members of the IFA and/or FTA.**

	1	2	3	4
First name				
Surname				
Year they joined the practice (yyyy)				
Position held in practice (please delete appropriately)	Partner Director Principal	Partner Director Principal	Partner Director Principal	Partner Director Principal
Are they a member of another professional accountancy body? (Y/N)				
If yes, with whom?				
Practising certificate held? Y/N				
If yes, with whom?				

Where you have more than four partners/directors/principals please inform us by calling 020 7554 0730 or emailing membership@ifa.org.uk.

11 Shareholders and voting rights (for partnerships, limited partnerships and corporate practices only)

Please provide details of all shareholders and individuals who have voting rights within the practice.

People:	1	2	3	4
First name				
Last name				
Address				
Year appointed shareholder (yyyy)				
Shareholding %	%	%	%	%
Voting rights %	%	%	%	%

Where you have more than four shareholders please inform us by calling 020 7554 0730 or emailing membership@ifa.org.uk.

12 Connected entities

A connected entity is defined as a legal entity connected to the practice due to a common principal or principals or where principals are closely connected such as parent, spouse, child or sibling.

Name of connected entity	
Address	
Name of connected entity	
Address	

Where you have more than two connected entities please inform us by calling 020 7554 0730 or emailing membership@ifa.org.uk.

Business continuity	
You are strongly recommended to appoint an alternate in the event of your incapacity due to ill health or death.	
Name of alternate	
Address	
Telephone number	
Email address	
Professional accountancy body	

12 Professional indemnity insurance details

Professional indemnity insurance is a mandatory requirement for all practising members to meet potential claims. Practising without professional indemnity insurance is regarded as a very serious matter.

Your professional indemnity insurance provider will advise you on what is the appropriate level of insurance required to cover your practice. Go to www.ifa.org.uk/members/working-in-public-practice/how-to-obtain-an-ifa-practicing-certificate/professional-indemnity-insurance-cover for further information.

Name of insurer		
Policy number		
Address of insurer		
Amount of cover		
Policy start date (DD/MM/YYYY)	Policy end date (DD/MM/YYYY)	
Policy excess		
Type of cover		
When was the cover last reviewed? (DD/MM/YYYY)		

Applicable if you undertake ATOL reporting work only

	Yes	No
Does your PII policy comply with the liability cap required by the Civil Aviation Authority Guidance Note 10?		

Please provide a copy of your latest insurance policy when submitting this return

13 Client services and income from these services

Annual gross practice fee income for your last accounting period	£	
Your year-end date (DD/MM/YYYY)	/ /	
Does anyone client contribute more than 15% to your gross fee income?	YES	NO
If yes, please state the amount	£	

Financial performance and practice activities		
Please indicate the activities the practice performs		
Accountancy services	YES / NO	%
Accounts preparation (includes preparation of management accounts and statutory accounts and reports)		
Assurance (includes independent examination)		
ATOL		
Bookkeeping		
Business advice		
Consultancy		
Forensic		
Investigations		
Payroll		
Tax advice		
Tax compliance (includes preparation and submission of tax returns)		
Other (please specify below including % of activities performed)		
Trust and company formation services	YES/NO	%
Company formation		
Company correspondence and registered office services		
Company secretarial or administration		
Trust advisory services, formation and administration		
Acting or arranging for a person to act in a particular capacity such as a director, trustee, nominee, shareholder or other capacity		
Other (please specify below including % of activities performed)		

Please contact us if you have started to provide any additional activities that you have not previously mentioned.

	0-100	101-250	251-500	501-1000	1001+
Number of clients					

Please provide details of how many staff are engaged in the provision of services to clients, whether or not they are professionally qualified or not. For these purposes, staff includes sole practitioner, partners, directors, principals, employees and sub-contractors.

	0-5	6-20	21-50	51-100	101+
Number of staff					

14 Client location and type

		YES	NO
Do you have any clients located outside of the UK, Republic or Ireland, Channel Islands and/or the Isle of Man?			
If YES, please list countries and the number of clients in each country	Countries	% of fees	
	1)	1)	
	2)	2)	
	3)	3)	
	4)	4)	
	5)	5)	

15 Signing powers, clients' money and payroll

Clients' money means money in any currency (whether in the form of cash, cheque, draft or electronic transfer) which the practice holds or receives from a client and which is not immediately due and payable on demand to the practice to its own account.

	YES	NO
Does your practice hold client money (including tax refunds from HMRC)?		
Is this client money held in separate client account(s)?		
Do you have written confirmation from the bank that the bank accounts where client monies are held are categorised as client bank account(s) and do not form part of the practice's funds?		
Are all client bank account(s) under the day-to-day control of a partner/director/principal?		
Does any individual within the firm have sole signing powers over any bank account of a client?		
How many client bank accounts do you have		
For the period of this return, please provide an estimate of the total amount of client monies received in the period.	£	

	Weekly	Monthly	Quarterly	Yearly
How often are client bank accounts reconciled?				
Other:				

	YES	NO
Does your practice manage or operate payrolls for clients?		
If yes, how many payrolls do you operate?		

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

As a practising member with the IFA and/or FTA supervised by the IFA under Money Laundering Regulations 2007, you have the ability to nominate additional partners/principals/directors within your practice who you wish the IFA to cover for AML supervision.

Please complete your nominee's personal details below.

Please tick the box if there is no one you would like to nominate.

Nominee's personal details	
Title	
Surname/family name	
First name(s)	
Date of birth	
National Insurance number	
Preferred postal address	
Telephone number	
Email	
Profession	
Job title	
Relationship to nominee	
Time known nominee	

The IFA will use the contact details above in order to make contact with your nominee, requesting them to complete the relevant paperwork.

As the acting member nominating this non-member for AML supervision, you are taking responsibility for them and making sure that they are compliant with all requirements of the Money Laundering Regulations 2007 and that they co-operate with the IFA's monitoring process.

There is an additional charge of £150.00 for each additional non-member you would like the IFA to supervise for AML.

You can include payment for this using the methods of payment sheet on the last page of this return.

17 Anti-money laundering (AML) supervision and compliance

The Money Laundering Regulations 2007 apply to a number of different business sectors, not just the accountancy sector. Your practice must be supervised by a supervisory authority, such as the IFA, for the provision of accountancy services. Failure to be supervised for compliance with Money Laundering Regulations 2007 is a criminal offence.

If you hold dual membership and/or hold a practising certificate(s) with another accountancy and/or taxation body, as well as with the IFA, we will liaise with that other body to ensure a coordinated approach to AML supervision, monitoring and other regulatory and compliance matters. If you are seeking to change to another AML supervisory body, we will liaise with that body to decide which is most appropriate to be your AML supervisor.

Please note that it is your responsibility to inform the IFA of any changes to the nature of your practice.

	YES	NO
Do you wish for the IFA to act as your anti-money laundering supervisory body?		
If no, please provide details of your anti-money laundering supervisory body:		
Name of professional body		
Start date		
End date		
Date of last monitoring visit/desktop review		

If you would like the IFA to be the AML supervisor for any additional accountancy practices, you will need to provide further information and also pay an additional AML fee for each additional practice. Where this applies to you, please contact the IFA membership department by email membership@ifa.org.uk or call 020 7554 0730.

18 Anti-money laundering compliance questions

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	

Anti-money laundering procedures	YES	NO
Does the practice have written, up-to-date anti-money laundering policies, procedures and internal controls?		
Does the practice use the FA Simms Anti-Money Laundering Compliance (AMLCC) product?		
Does the practice conduct identity checks of all its clients, including collecting beneficial ownership information?		
Does the practice conduct client due diligence on all new clients?		
Does the practice conduct ongoing client due diligence on all its existing clients?		
Does the practice cease the business relationship with a client when client due diligence checks cannot be applied?		
Does the practice carry out risk assessments of all current clients?		
Does the practice conduct enhanced due diligence checks on higher risk clients (including Politically Exposed Persons (PEPs)) and/or clients operating in higher risk countries?		
Does the practice have procedures for identifying special interest persons and organisations which are included in HM Treasury's Office of Financial Sanctions Implementation (OFSI) Consolidated Financial Sanctions list and the Home Office Proscribed Terrorist list?		
Does the practice undertake regular and appropriate training for staff on Money Laundering Regulations 2007?		
Does the practice monitor its compliance with the Money Laundering Regulations 2007 regularly?		
Does the practice record keeping policies meet the requirements in the Money Laundering Regulations 2007?		
Does the practice have internal reporting procedures for reporting Suspicious Activity Reports (SARs)?		
Has the MLRO submitted any SARs to the National Crime Agency (NCA) in the last 12 months?		
If yes, how many?		

Reputation

	YES	NO
In the last five years, has the practice been the subject of any civil/criminal action relating to its professional or business activities which resulted in a finding against the firm?		
If yes, please provide details:		
In the last 10 years, has the practice or partners/directors or principals been the subject of insolvency proceedings?		
If yes, please provide details:		

19 ATOL ARA licence

Practical experience

To support you 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	

Engagement 6	
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	

20 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/the practice agree to adhere to the IFA's Bye-Laws, Code of Ethics, Disciplinary Regulations, Code of Best Practice, Members' Handbook, 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.

21 Fees

IFA practising certificate

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

£192.00 – fee applies to those in practice.

FTA tax practising certificate

£90.00 – fee applies to those in practice.

IFA regulated AML supervision fees

£130.00 – IFA/FTA members

£150.00 – 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 IBAN: GB96MIDL40403271640623 BIC/SWIFT: MIDLGB2109A</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>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>	