



PUBLIC ACCOUNTANTS' AND AUDITORS' BOARD

APPLICATION FOR ADMISSION TO MEMBERSHIP OF PUBLIC ACCOUNTANTS' AND AUDITORS' BOARD

To the Board, of The Public Accountants' and Auditors' Board (PAAB)

I hereby apply for admission to membership of PAAB and for my name to be entered in the register of membership of this body, believing myself to be a fit and proper person to be admitted to membership and being not less than twenty-one years of age.

GENERAL

Surname: Initials: Title:.....

Forenames:

Preferred name:

Maiden name (if applicable):

Gender (male or female): Date of birth: (DD/MM/YYYY)/...../.....

Identity number: (Legible copy of the ID)

Citizen Status: Namibian () Domicile () Permanent Resident () Non Namibia ()

If you are Non Namibia, please state your country of origin

Contact numbers (including dialing code):

Home ()

Cellular Phone

E-mail Address

Postal Address:

.....
.....
.....
.....
.....
..... Code.....

Physical Address:

.....
.....
.....
.....
.....

OPTIONAL INFORMATION

To assist PAAB in measuring the success of its transformation policies, we appeal to you to indicate which racial category best describes yourself, by ticking one of the boxes below. The Board gives its undertaking that this information will only be used for the purpose of determining group statistics. Information relating to individuals will not under any circumstances be disclosed to anyone outside of the secretariat, without your consent.

AFRICAN
 ASIAN
 COLOURED
 WHITE
 OTHER/SPECIFY:

Please note that your fee and annual subscription fee are to accompany this application. All cheques should be made payable to **PAAB**.

EMPLOYER PARTICULARS

Name of employer:

Employer's postal address:

Employer's telephone number: Employer's fax number:

<p>COMMERCE AND INDUSTRY</p> <p>INTERNAL AUDIT <input type="checkbox"/></p> <p>GENERAL MANAGEMENT <input type="checkbox"/></p> <p>GENERAL MANAGEMENT-DIRECTORS <input type="checkbox"/></p> <p>SENIOR FINANCIAL MANAGEMENT-DIRECTOR <input type="checkbox"/></p> <p>SENIOR FINANCIAL MANGEMENT-OTHER <input type="checkbox"/></p> <p>MANAGEMENT ACCOUNTANT <input type="checkbox"/></p> <p>FINANANCIAL ACCOUNTANT <input type="checkbox"/></p> <p>BRANCH ACCOUNTANT <input type="checkbox"/></p> <p>TREASURY ACCOUNTANT <input type="checkbox"/></p> <p>FINANCIAL SUPPORT STAFF <input type="checkbox"/></p> <p>EDUCATION</p> <p>PUBLIC CORPORATION-ACCOUNTING <input type="checkbox"/></p> <p>PUBLIC CORPORATION-AUDITING <input type="checkbox"/></p> <p>PUBLIC CORPORATION-OTHER <input type="checkbox"/></p>	<p>PUBLIC PRACTICE</p> <p>SOLE PRACTITIONER <input type="checkbox"/></p> <p>PARTNER IN PRACTICE SMALL <input type="checkbox"/></p> <p>PARTNER IN PRACTICE-MEDIUM <input type="checkbox"/></p> <p>PARTNER IN PRACTICE LARGE <input type="checkbox"/></p> <p>EMPLOYED IN PUBLIC PRACTICE-SMALL <input type="checkbox"/></p> <p>EMPLOYED IN PUBLIC PRACTICE MEDIUM <input type="checkbox"/></p> <p>EMPLOYED IN PUBLIC PRACTICE LARGE <input type="checkbox"/></p> <p>GOVERNMENT</p> <p>GOVERNMENT-LOCAL ACCOUNTING <input type="checkbox"/></p> <p>GOVERNMENT-LOCAL AUDITING <input type="checkbox"/></p> <p>GOVERNMENT-LOCAL OTHER <input type="checkbox"/></p> <p>OTHERS</p> <p>RETIRED <input type="checkbox"/></p> <p>UNEMPLOYED <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>
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MEMBERSHIP OF PAAB

Have you been a member of **PAAB** before? YES NO

If so, under what circumstances, and when did your membership cease?

.....

MEMBERSHIP OF OTHER PROFESSIONAL BODIES

Have you ever applied for membership of any other professional body? YES NO

If yes, which body? YES NO

Were you accepted for membership? YES NO

Are you still a member? YES NO

If no longer a member of the body, under what circumstances did your membership cease?

.....

Have you ever been convicted of theft, fraud, forgery or issuing a forged document? YES NO

Are you unrehabilitated insolvent? YES NO

Have you at any time been removed from an office of trust on account of misconduct or any other reason?

YES

NO

If yes please provide details

.....

CLASS OF MEMBERSHIP

FULL MEMBER (I have passed the examination prescribed by the Board and had the practical experience prescribed by the Board)

YES

NO

MEMBER IN PUBLIC PRACTICE (Public Practice means providing professional services: audit, accounting, consulting or advisory and fiduciary to the public for own account whether on a full time or an occasional basis)

YES

NO

Are you registered with the Institute of Chartered Accountants of Namibia.

YES

NO

If yes, membership number:

NON RESIDENT PARTNER

I am registered as non-resident member of the Institute of Chartered Accountants Of Namibia (ACT 51 of 1951)

YES

NO

ACADEMIC AND TRAINING REQUIREMENTS

Academic Qualification:

University where qualification obtained:

Date passed qualifying examination: ITC APC
(year in which exam was written)

TRAINING CONTRACT

Period From: To:.....

Firm/Company:

Name of Training Officer/s:

Training Officer/s **PAAB** membership number:

I certify that the information submitted by me herein as complete, true and correct in every detail. I undertake, it admitted, to comply with the provisions of the regulations* by whatever name called from time to time in force, for so long as I shall remain a member.

*Regulations shall mean – (in the case of **PAAB**, the provisions of the Public Accountants and Auditors Act Act 51 of 1951 as amended and such regulations as may be determined by the Board from time to time.)

SIGNATURE(Applicant):

DATE:

RECOMMENDATION BY TWO CHARTERED ACCOUNTANTS (NAMIBIA)

We the undersigned, read the above application and known (insert name of applicant)
for the period of time stated below, recommended him or her for membership of **PAAB**, believing him or her from personal knowledge,
to be a fit and proper person to become a member.

1. Name (Block letters):
.....

Signature: Date:
.....

Membership number: Applicant known (years):

2. Name (Block letters):
.....

Signature: Date:
.....

Membership number: Applicant known (years):
.....

2018 APPLICATION FOR MEMBERSHIP OF THE PUBLIC ACCOUNTANTS' AND AUDITORS' BOARD

Please ensure that applications for membership with effect from 1 January 2018 are accompanied by a remittance (made payable to the Public Accountants' and Auditors' Board) for the membership fee as outlined below.

LOCAL

	Excl. VAT	Incl.VAT
Membership Fee (In Public Practice)	N\$ 4 686.96	N\$ 5 390.00
Membership Fee (Not in Public Practice)	N\$ 2 347.83	N\$ 2 700.00
Non-Resident	N\$ 4 690.00	N\$ 4 690.00

CONTINUING PROFESSIONAL DEVELOPMENT

By signing and submitting this application form I declare that I am aware of the need for continuing professional development (CPD, i.e. the ongoing involvement in development activities that are relevant to my work or career path.

I undertake, if admitted, to commit to a process of lifelong learning as is reasonably expected of a holder of a professional designation.