



PUBLIC ACCOUNTANTS' AND AUDITORS' BOARD

(Established under Section 2 of the Public Accountants' and Auditors' Act No. 51 of 1951 as amended)

APPLICATION FOR ADMISSION TO MEMBERSHIP OF PUBLIC ACCOUNTANTS' AND AUDITORS' BOARD (in terms of Section 23(1))

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.

1. NAME IN FULL:

(a)	Title:	
(b)	Surname as per ID (and Maiden name if applicable):	
(c)	Forename(s) as per ID:	

2. ADDRESSES:

(a)	Your physical address:	
(b)	Your postal address:	
(c)	Physical area of practice (if in practice) (Required in order for you to accurately reflect on the PAAB website in the area in which you practice)	

3. CONTACT DETAILS

(a)	Telephone number:	
(b)	Cell number:	
(c)	Primary email address	
(d)	Secondary email address 2 (this will be used only if we cannot contact you on your primary email address)	

4. **PERSONAL INFORMATION**

(a)	Identity Number: (Please attach a certified copy of your Identity Document Card)	
(b)	Passport Number, only if not a Namibian: (Please attach a copy of the relevant page of your passport and proof of Namibian residence)	
(c)	Race:	
	(This information is requested to assist PAAB in measuring the success of its transformation policies and for purposes of determining group statistics)	

5. **TRAINING DETAILS**

(a)	Dates registered as a trainee accountant with the Board:	From:	To:
(b)	Name of training office:		
(c)	Registration number:		

Please attach a copy of discharge certificate

6. **QUALIFICATION DETAILS**

Tertiary Qualifications	University	Date completed

Passed the Public Practice Examination (PPE)	Month:	Year:
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OR

Passed the ICAN Assessment of Professional Competence (APC) or ACCA Advanced Audit and Assurance (AAA)	Month:	Year:
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Completed PAAB's Audit Development Programme (ADP)	Month:	Year:
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Please provide certified copies of qualifications achieved

7. PROFESSIONAL BODY MEMBERSHIP

(a)	Are you a member of a professional body accredited by the PAAB?	
(b)	If yes, please provide name of body and membership number: ¹	

Please note that membership of a professional body accredited by the PAAB is required for registration and continued registration with the PAAB. The only professional bodies accredited by the PAAB are Association of Chartered Certified Accountants (ACCA) and Institute of Chartered Accountants of Namibia (ICAN).

8. CLASS OF PAAB MEMBERSHIP

(a)	Member in Public Practice (MIPP) ²	
(b)	Member Not in Public Practice (MNIPP)	
(c)	Non-Resident Partner (MRES) (In terms of Section 23 (4) <i>bis</i> (a) of the PAA Act	

Application must be accompanied by the following:

- a. An up-to-date CV detailing your professional history with specific focus on your assurance roles and responsibilities.
- b. Comprehensive CPD records for the past three years, including current year.

This information will be assessed to determine whether a proficiency assessment is required in terms of the PAAB registration Requirements: proficiency Assessment Policy and Procedures (5 Year Rule).³

9. FIT AND PROPER

(a)	Have you ever been convicted of theft, fraud, forgery or issuing a forged document?	
(b)	Are you an unrehabilitated insolvent?	
(c)	Have you at any time been removed from an office of trust on account of misconduct or any other reason	
(d)	If yes please provide details	

Please provide a police clearance. If, non-Namibian, also provide police clearance from country of origin.

¹ Please provide letter of good standing from professional body

² Public practice means the practice of a person who performs the functions of an auditor (attest/assurance), and for that purpose holds himself as an auditor and places his services at the disposal of the public for a reward i.e. signing off audit reports. All assurance work must be performed through a firm, even if you intend on practising as a sole proprietor.

³ If you have been out of the audit and assurance for more than 5 years, contact PAAB Secretariat.

10. **RECOMMENDATION BY TWO MEMBERS OF THE PAAB**

We the undersigned, read the above application and know (insert name of applicant) _____
for a period of time stated below, recommend 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.

Full Name		Membership number	
Applicant known (years)		Signature & Date	

Full Name		Membership number	
Applicant known (years)		Signature & Date	

DECLARATION BY APPLICANT

By signing and submitting this application form I declare that:

- the above information is true and correct in every detail;
- I will comply with the Public Accountants and Auditors Act (51 of 1951) as amended
- 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 consent to PAAB conducting a targeted financial sanctions screening.

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

Date

Signature of applicant