

Membership No



INSTITUTE OF ACCOUNTING & COMMERCE

Application for Membership

Name of Close Corporation /Firm: _____

Ph No: Code () (B) _____ (Cell) _____

Please tick the category of membership that you are applying for:

Close Corporation as an Accounting Officer [] Firm as an Accounting Officer []

On completion, this form should be returned to the Institute at:

**P.O. Box 36477
GLOSDERRY
7702**

**Enquiries can be directed to:
Tel: (021) 761-6211 or
Fax: (021) 761-5089 / 086 637 6989**



**Criteria for Admission to Professional Membership
(Accounting Officer)**

The following close corporations/firms are eligible to apply for professional membership
(Accounting Officer)

1. A close corporation, if each member of such corporation is qualified to be appointed as an Accounting Officer.
2. A firm, if each partner in the firm is qualified to be appointed as an Accounting Officer.

* Please take note of the following:*

A firm in this regard refers to a common law partnership and **not** to the following:

- A firm as defined in section 1 of the Public Accountants' and Auditors' Act, 1991 (Act No. 80 of 1991); or
- A sole proprietor conducting his or her business under a businessname (i.e. a name other than the name of its proprietor).

Application for Membership

1. Details of Close Corporation / Firm

Please attach a certified copy of the CK1/CK2 form or partnership agreement.

| | | | |
|----------------------------|---|-------------------|--|
| Registered Name | | | |
| Registration Number | | VAT Number | |
| Registered Address | | | |
| | Postal Code | | |
| Postal Address | | | |
| | Postal Code | | |
| Business Address | | | |
| | Postal code | | |
| Tel: | Area Code () (B) _____ (Cell) _____ | | |
| Fax: | Area Code () _____ | | |

| | |
|--------|--|
| E-mail | |
|--------|--|

2. Details of Members/Partners

Please attach certified copies of (a) each member's/partner's identity document and (b) valid professional membership certificate if not a member of the Institute of Accounting and Commerce.

| | | | | |
|----|-----------------------|--|-------------------|--|
| 1. | Surname | | | |
| | First names | | | |
| | Identity Number | | | |
| | Recognised profession | | Membership Number | |

| | | | | |
|----|-----------------------|--|-------------------|--|
| 2. | Surname | | | |
| | First names | | | |
| | Identity Number | | | |
| | Recognised profession | | Membership Number | |

| | | | | |
|----|-----------------------|--|-------------------|--|
| 3. | Surname | | | |
| | First names | | | |
| | Identity Number | | | |
| | Recognised profession | | Membership Number | |

| | | | | |
|----|-----------------------|--|-------------------|--|
| 4. | Surname | | | |
| | First names | | | |
| | Identity Number | | | |
| | Recognised profession | | Membership Number | |

| | | | | |
|----|-----------------------|--|-------------------|--|
| 5. | Surname | | | |
| | First names | | | |
| | Identity Number | | | |
| | Recognised profession | | Membership Number | |

| | | | | |
|----|-----------------|--|--|--|
| 6. | Surname | | | |
| | First names | | | |
| | Identity Number | | | |

| | | | |
|-----------------------|--|-------------------|--|
| Recognised profession | | Membership Number | |
|-----------------------|--|-------------------|--|

| | | | |
|----|-----------------------|--|-------------------|
| 7. | Surname | | |
| | First names | | |
| | Identity Number | | |
| | Recognised profession | | Membership Number |

| | | | |
|----|-----------------------|--|-------------------|
| 8. | Surname | | |
| | First names | | |
| | Identity Number | | |
| | Recognised profession | | Membership Number |

| | | | |
|----|-----------------------|--|-------------------|
| 9. | Surname | | |
| | First names | | |
| | Identity Number | | |
| | Recognised profession | | Membership Number |

| | | | |
|-----|-----------------------|--|-------------------|
| 10. | Surname | | |
| | First names | | |
| | Identity Number | | |
| | Recognised profession | | Membership Number |

Please continue on a separate page should the firm have more than ten (10) partners. A common law partnership can have up to twenty (20) partners.

**Application for Registration
as an Accounting Officer**

- Does the close corporation/firm qualify in terms of the criteria set out on Page 2?
Yes [] **No** []
- Are the close corporation/firm currently, or have the close corporation/firm been in the past, a member of any Accounting Institute or Association? If so, kindly state names of Institute/Association.

- If the close corporation/firm is no longer a member, please explain briefly the circumstances of the membership ceasing.

4. Has the close corporation/firm or any of its members/partners ever been convicted of an offence under the Companies Act, the Close Corporations Act, or the Insolvency Act?

Yes [] No []

If yes, please state details.

5. Has the close corporation/firm or any of its members/partners ever been convicted of a criminal offence?

Yes [] No []

(If yes, please state details.)

6. Have the close corporation/firm or any of its members/partners ever been insolvent, or assigned its/their estate?

Yes [] No []

(If yes, please state details.)

Declaration

I hereby certify on behalf of the close corporation/firm that the above particulars are correct. Should it be necessary, I hereby authorize on behalf of the close corporation/firm the Institute of Accounting and Commerce to make any enquiries it considers relevant to its acceptance of this application.

If admitted as a member, I agree on behalf of the close corporation/firm to abide by the rules, regulations and by-laws of the Institute of Accounting and Commerce as they now exist and as they may hereafter be altered, and to use its status as a member of the Institute in an honourable manner.

I understand that the "Diploma of Membership" issued to the close corporation/firm remains the property of the Institute. I undertake on behalf of the close corporation/firm to return same should it resign, or cease to be a member through whatever cause.

I undertake on behalf of the close corporation/firm to immediately notify the Institute of any change to its members/partners or if the close corporation/firm for whatever reason does not qualify anymore in terms of the criteria set out on Page 2, to be an Accounting Officer.

I hereby certify on behalf of all the members/partners of the close corporation/firm that we know and understand the contents of section 60(4) (b) and (c) of the Close Corporations Act, 1984 (Act No. 69 of 1984), which stipulates as follows:

“(b) *The liability of a partner in respect of debts and liabilities incurred by a firm contemplated in paragraph (a)(iii) during the partner’s period as a*

partner and the liability of a member in respect of the debts and liabilities of a corporation contemplated in paragraph (a)(iv) during the member's period as a member may not be excluded by operation of law or in any other way.

- (c) *For purposes of paragraph (b), "debts and liabilities incurred" means debts and liabilities incurred by a firm or corporation, as the case may be, in connection with the performance by the firm or corporation, as the case may be, of its duties in terms of section 62."*

I hereby certify that I am duly authorised to sign this application on behalf of both the Close Corporation / Firm and all its members/partners.

Signed at _____ Date _____

Signature

Initials & Surname in print

IAC Banks with: First National Bank
Branch: Adderley Street Cape Town
Branch Code: 201409
Account Number: 62190124645
Account Type: Cheque Account

Please Note: It is very important that you write your IAC membership number or Close Corporation / Firm's name in the reference section on the deposit slip.

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Fax: (021) 761-5089 / 086 637 6989