

Statutory Instrument No. 75 of 2013

ACCOUNTANTS ACT
(Cap. 61:05)

ACCOUNTANTS REGULATIONS, 2013
(Published on 28th June, 2013)

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SCHEDULES

IN EXERCISE of the powers conferred on the Minister of Finance and Development Planning by section 57 of the Accountants Act, the following Regulations are hereby made —

PART I — *Preliminary*

- Citation **1.** These Regulations may be cited as the Accountants Regulations, 2013.
- Interpretation **2.** In these Regulations, unless the context otherwise requires —
“approved training” means practical training and experience approved by the Council and obtained from an authorised training employer;
“authorised training employer” means a firm or undertaking authorised by the Council to provide approved training;
“Continuing Professional Development” means the BICA, Continuing Professional Development scheme set up by the Institute, which scheme fully complies with the applicable IFAC international education Continuing Professional Development (CPD) Standard;
“independent student” means a person who is registered as an independent student under regulation 23;
“student” means a person who is registered as a student for the Botswana Professional Accountancy Qualification under regulation 18; and
“Training Agreement” means an agreement of approved training registered with the Institute, and made between the student and the authorised training employer.

PART II — *Membership of Institute*

- Application for registration as member of Institute **3.** A person who wishes to be registered as a member of the Institute under section 28 of the Act, shall make an application in Form 1 set out in Schedule 1.
- Classes of membership **4.** (1) The rules of the Institute have set out the following classes of membership —
(a) Accounting Technician;
(b) Associate Chartered Accountant;
(c) Associate Certified Professional Accountant;
(d) Fellow Chartered Accountant;
(e) Fellow Certified Professional Accountant;
(f) Certified Auditor; and
(g) Member Firm.
(2) The manner and form of application to the different classes of membership referred to under subregulation (1) shall be in Form 1 set out in Schedule 1 and accompanied by such fees as specified in Schedule 4.
- Qualification for registration as member **5.** (1) A person shall be qualified to be registered as a member of the Institute, where the person intends to register as an —
(a) Accounting Technician, that person —
(i) has passed the Association of Accounting Technician (AAT) examinations or equivalent,
(ii) has obtained relevant practical experience of at least two years, and
(iii) is fit to be admitted as a member;
(b) Associate Chartered Accountant, that person —

- (i) has passed the Botswana Professional Accountancy Qualification examinations,
- (ii) has obtained the necessary technical experience as per the training requirements of the Institute, and
- (iii) is fit to be admitted as a member;
- (c) Associate Certified Professional Accountant, that person —
 - (i) is a member in good standing of another approved professional accountancy body recognised by the International Federation of Accountants, and
 - (ii) is fit to be admitted as a member;
- (d) Fellow Chartered Accountant, that person —
 - (i) has been a member as an Associate Chartered Accountant for a continuous period of five years, and
 - (ii) in the opinion of the Council, meets the Continuing Professional Development requirements; or
- (e) Fellow Certified Professional Accountant, that person —
 - (i) has been a member as an Associate Certified Professional Accountant of the Institute, or a member in good standing of an approved professional accountancy body recognised by the International Federation of Accountants, for a continuous period of five years, and
 - (ii) in the opinion of the Council, meets the Continuing Professional Development requirements.

(2) Subject to subregulation (1), a person who wishes to be admitted as a member after passing the Botswana Professional Accountancy Qualification, shall prove to the Institute that he or she has completed a period of approved training of not less than 450 days in accordance with the Training Agreement.

6. The Institute shall register a person as a member of the Institute in accordance with section 28 of the Act, where the Council is satisfied that the person meets the requirements of these Regulations.

7. (1) A person who has been removed from the register as a member of the Institute may make an application to the Institute for re-registration, in Form 2 set out in Schedule 1.

(2) An application made under subregulation (1) shall be accompanied by such fee as specified in Schedule 4.

8. (1) A member shall renew his or her membership in Forms 3, 4, 5 and 6 set out in Schedule 1, and upon payment of a subscription fee as specified in Schedule 4.

(2) Payment referred to in subregulation (1) shall be made on the 1st of January of every year.

(3) Where a member fails to renew his or her membership or pay the annual subscription by the 1st of January, the member shall be subject to payment of a penalty of 50 per cent of the subscription fee.

(4) The annual subscription fee to be paid under this regulation shall be determined by the Council, and approved by members at a general meeting.

(5) Notwithstanding subregulations (2) and (3), the Institute may allow a renewal and payment of subscription to be made up to the 31st of March of every year for every member, except for a certified auditor, who shall make payment in terms of subregulation (2).

(6) A member who fails to renew his or her membership, or fails to pay the subscription fee by the 31st of March in any year shall be removed from the Register.

Registration of member

Re-registration of member

Renewal of membership and annual subscription

PART III — *Registration of Professional Accountant, Certified Auditor
and Member Firm*

- Application for registration of professional accountant
- 9.** (1) A person who wishes to be registered as a professional accountant under section 30 of the Act, shall make an application in Form 1 set out in Schedule 1.
(2) An application made under subregulation (1) shall be accompanied by a fee of P255.
- Application for registration of certified auditor
- 10.** (1) A professional accountant who wishes to be registered as a certified auditor under section 31 of the Act, shall make an application in Form 1 set out in Schedule 2.
(2) An application made under subregulation (1) shall be accompanied by a fee of P11 200.
- Application for registration of member firm
- 11.** (1) A firm which wishes to be registered as a member firm under section 33 of the Act, shall make an application for registration as —
(a) an audit firm, in Form 2 set out in Schedule 2; and
(b) a non-audit firm, in Form 3 set out in Schedule 2.
(2) An application made under subregulation (1) shall be accompanied by a fee of P2 500.
- Registration
- 12.** (1) The Institute may, where it is satisfied that an applicant under —
(a) regulation 6, meets the requirements of regulation 5 (1) (a), register the applicant in the Register of Accounting Technicians;
(b) regulation 9, meets the requirements of section 30 of the Act, register the applicant in the Register of Professional Accountants;
(c) regulation 10, meets the requirements of section 31 of the Act, register the applicant in the Register of Certified Auditors; and
(d) regulation 11, meets the requirements of section 33 of the Act, register the applicant in the Register of Member Firms.
(2) Where the Institute is not satisfied that the applicant meets the requirements set out in the Act, the Institute may refuse to register the applicant in accordance with section 32 of the Act.
(3) The Registers under subregulation (1) shall be open to inspection during office hours to any member of the public, upon payment of a fee of P10.
- Application for re-registration of member or member firm
- 13.** (1) A member or member firm removed from the relevant register in accordance with section 37 of the Act, shall make an application for restoration as provided in section 38 —
(a) for a member, in Form 1 set out in Schedule 1; and
(b) for a member firm, in Form 4 set out in Schedule 2.
(2) An application made under subregulation (1) shall be accompanied by a fee of P2 500.
- Certificates of registration and practising certificate
- 14.** The Institute shall issue to —
(a) a person who is registered as an Accounting Technician, with a certificate of registration in Form 1 set out in Schedule 3;
(b) a person who is registered as an Associate Chartered Accountant, with a certificate of registration in Form 2 set out in Schedule 3;
(c) a person who is registered as a Fellow Chartered Accountant, with a certificate of registration in Form 3 set out in Schedule 3;
(d) a person who is registered as an Associate Certified Professional Accountant, with a certificate of registration in Form 4 set out in Schedule 3;

- (e) a person who is registered as a Fellow Certified Professional Accountant, with a certificate of registration in Form 5 set out in Schedule 3;
- (f) an entity that is registered as an audit member firm, with a certificate of registration in Form 6 set out in Schedule 3;
- (g) an entity that is registered as a non-audit member firm, with a certificate of registration in Form 7 set out in Schedule 3; and
- (h) a person who is registered as a certified auditor, with a practising certificate in Form 8 set out in Schedule 3.

15. (1) A member, professional accountant, certified auditor or member firm, as the case may be, shall in terms of section 36 of the Act, make an application for renewal of a certificate that has not been revoked.

Renewal of certificate

(2) An application to renew a certificate under this regulation shall be made in the same Form as an application for renewal of membership under regulation 8, and the fee specified in that regulation includes the fee for the certificate.

16. A member, professional accountant, certified auditor or member firm, as the case may be, shall before the certificate is issued, pay in respect of a certificate of registration or practising certificate, as the case may be, a fee set out in Schedule 4.

Fees payable on issue of certificate

PART IV — *Registration of Students*

- 17.** (1) A person may register as a student, where the person —
- (a) intends to pursue the Botswana Professional Accountancy Qualification; and
 - (b) meets the admission criteria determined by the Council as set out in the Rules.

Conditions of registration

(2) A person who wishes to register as a student shall make an application for registration in Form 1 set out in Schedule 5.

- (3) An application made under subregulation (2) shall be accompanied by —
- (a) examination results of previous qualifications;
 - (b) a recommendation by employer or tutor; and
 - (c) an application fee of P800.

18. Where the Institute is satisfied that a person meets the requirements of the conditions under regulation 17, the Institute shall register such person in the Register of Students.

Registration of students

19. The Institute shall upon registration, issue to the registered student —

Registration Card, etc.

- (a) a Registration Card;
- (b) a Student Handbook;
- (c) where applicable, a Notice of exemption; and
- (d) a Practical Experience Log.

20. Registration of a student shall be valid until the 31st of December of every year.

Duration of registration

21. (1) A registered student shall renew his or her registration by application on the 1st of January of every year, and on payment of a subscription fee of P800, which subscription fee is determined by the Council.

Renewal of registration of student and annual subscription

(2) Where a registered student fails to renew his or her registration and pay the annual subscription by the 1st of January, the registered student shall be notified of such breach.

	(3) Notwithstanding subregulations (1) and (2), the Institute may allow a renewal and subscription to be made up to the 31st of March of every year.
	(4) An application made under subregulation (1) shall be made in Form 2 set out in Schedule 5.
	(5) A student who fails to renew his or her registration by the end of March in any year shall be removed from the Register of Students.
Restoration to Student Register	22. (1) A registered student who has been removed from the Register, may make an application for restoration in Form 3 set out in Schedule 5.
	(2) An application made under subregulation (1) shall be accompanied by a fee of P800.
Independent student	23. (1) A person may register as an independent student in Form 4 set out in Schedule 5.
	(2) An application made under subregulation (1) shall be accompanied by a fee of P800.
	(3) An independent student may study and sit for all of the examinations set by the Institute, except for the case study.
	(4) Notwithstanding subregulation (3), an independent student may apply and sit for the case study once he or she has commenced the third year of the period of approved training.
Training Agreement	24. (1) A person who registers as a student shall enter into a Training Agreement, which Form of agreement shall be determined by the Institute.
	(2) Notwithstanding subregulation (1), an independent student may commence the approved training without a Training Agreement, but shall have an agreement in place before he or she sits for the case study.
	(3) A Training Agreement shall be monitored closely by the Institute.
Signing off Log	25. At the end of training, an employee of the authorised training employer who is the qualified person responsible for training shall sign off the Practical Experience Log issued at the time of registration.
Discipline of registered student	26. (1) A registered student shall follow the codes and standards prescribed in the Student Handbook.
	(2) Where there is a complaint of misconduct against a registered student, the Institute shall submit the complaint to the disciplinary procedures of the Institute.

PART V – Miscellaneous Provisions

Approved training	27. Approved training shall — (a) be obtained through an authorised training employer; (b) meet the standards set out in the Training Standards; and (c) comprise of work of an appropriate professional level commensurate with the status of a trainee chartered accountant.
Authorised training employer	28. (1) Any firm or undertaking shall apply for approval as an authorised training employer in Form 1 set out in Schedule 6. (2) The Institute shall approve a firm or undertaking as an authorised training employer, where that firm or undertaking — (a) has nominated a qualified person responsible for training, which person shall — (i) be a member of the Institute, (ii) be registered as an associate or fellow member, and (iii) hold a senior position within the organisation; and

(b) initially and thereafter, periodically satisfy the Institute that it can meet the conditions of the Training Standards and such other conditions as may be attached to the approval.

(3) Where the Institute approves a firm or undertaking as an authorised training employer, the Institute shall issue to that firm or undertaking, a certificate in Form 2 set out in Schedule 6.

(4) The duties of the authorised training employer shall include to —

- (a) issue a student with a training agreement;
- (b) provide to a student, at least 450 days of technical work experience;
- (c) plan and implement training programmes to allow sufficient range and depth of work experience;
- (d) ensure that students are adequately supervised;
- (e) ensure that students complete the initial professional development requirements;
- (f) implement a system of monitoring study and exam performance, and provide support where needed;
- (g) provide structured training in professional ethics within the organisation; and
- (h) confirm that students are eligible for membership with the Institute.

29. (1) Every member of the Institute, including a practising certificate holder shall be required to undertake Continuing Professional Development in respect of his or her class of membership.

(2) A member who undertakes Continuing Professional Development shall submit an annual return for the period ending 31st of December of every year, by the 1st of January following the Continuing Professional Development year, in such form and manner as may be specified by the Institute.

(3) Where a member fails to comply with the requirements of the Continuing Professional Development and fails to submit the returns as provided under subregulation (2) —

- (a) the Institute may file the third and final reminder in the member's file;
- (b) the Training and Professional Development Committee may issue a warning letter to the member;
- (c) the Council may issue a letter of instruction to the member to comply with the Continuing Professional Development within the period specified in the letter; or
- (d) the Institute may refer the matter to the Disciplinary Committee, and costs of the hearing shall be borne by the member.

(4) Where a member is referred to the Disciplinary Committee as provided under subregulation (3) (d), the Disciplinary Committee may —

- (a) caution the member;
- (b) caution and fine the member;
- (c) suspend the member and order for publication of the suspension; or
- (d) remove the member from the register and order for publication of the such removal.

30. The Council shall cause to be provided to the members at an annual general meeting, the annual report of the Institute, the auditor's report and the audited accounts.

Continuing
Professional
Development

Annual
returns

SCHEDULE 1

FORM 1

APPLICATION FOR MEMBERSHIP (CLASSES OF MEMBERSHIP)



SCHEDULE 1 FORM 1

APPLICATION FOR MEMBERSHIP (CLASSES OF MEMBERSHIP)

(Regulation 3, 4 (2), 9 (1) and 13 (1) (a))

BOTSWANA INSTITUTE OF CHARTERED ACCOUNTANTS
Private Bag 0021, Gaborone. Tel: +267 397 2992 Fax: +267 397 2982
Email: membership@bica.org.bw Website: www.bica.org.bw

**Application for
Direct Admission
as a Member**

New	<input type="checkbox"/>	Restoration	<input type="checkbox"/>
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Name of Applicant:

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Class Applying for

<input type="checkbox"/> FELLOW (FCA)	<input type="checkbox"/> ASSOCIATE (ACA)	<input type="checkbox"/> ACCOUNTING TECHNICIAN
<input type="checkbox"/> FELLOW (FCPA) (Bots)	<input type="checkbox"/> ASSOCIATE (ACPA) (Bots)	

For Office use only

Membership Class:

Membership Number:

Date of Approval:

Paid: Yes No

No.

PLEASE FILL IN BLOCK LETTERS

1. PERSONAL INFORMATION

Title (Insert Mr, Mrs, Miss, Ms, or Specify if other)

Surname

First Name

Other Names

Date of Birth Country of Birth

Nationality

Residential Address

Job Title

Business Name

Business Address

E-mail Address

Telephone (Bus) Fax Number

Mailing Address
(If different from above)

Applicable to Non-Batswana only:

(a) Date of arrival

(b) Passport No.

Date of expiry

(c) Work Permit No.

Date of expiry

(d) Exemp. Cert. No.

Date of expiry

2. BUSINESS DETAILS

(a) Employment Category: Please indicate your current employment category (one only)

- Industry/Commerce Government Parastatal
 Public Practice Full-time Student Not employed

(b) Nature of Firm (if in Public Practice):

No. of Partners/Directors in Botswana

- Sole-Practitioner 2-3 4-7 over 7

Number elsewhere:

Please list countries below:

(c) Size of organisation:

- Less than 5 5-25 26-100 over100

(d) Business category (if not in Public Practice)

Please indicate the category which best describes your employer's business (one only)

- Manufacturing Banking Financial Institution
 Insurance Distribution Transport
 Communications Other Services Construction
 Mining Publishing/
Journalism Retailing
 Academic Central
Government Local
Government
 Statutory Body Parastatal Other

Specify if other:

(e) Level of Responsibility:

- Senior Partner Partner Director
 Senior Manager Manager Executive

3. EDUCATION

Please submit copies of all your educational certificates.
 If your certificates are not in English, please enclose official translations
 (a) School Certificates with period

(b) Degrees or academic diplomas held with period

(c) Professional examination passed with period

4. MEMBERSHIP OF PROFESSIONAL ACCOUNTANCY BODIES

Attach evidence of being a fully paid-up member, in good standing of:
 NAME OF PROFESSIONAL ACCOUNTANCY BODY

D	D	M	M	Y	Y

5. IF IN PUBLIC PRACTICE

Provide names of all your partners wherever resident:

8. DECLARATION

I,
 hereby apply for admission as a Fellow/Associate/Accounting Technicians* member of the Institute.

I undertake that, if admitted, I will, so long as I remain a member of the institute. Comply with the Accountants Act, Regulations and the Rules of the Institute for the time being in force.

I further undertake that I will use the designation “Fellow Member”, “Associate Member”, “Accounting Technician”* and/or the prescribed designatory letters F.C.A or F.C.P.A (Bots), A.C.A or A.C.P.A (Bots), ACC TECH* respectively only while I remain member of the institute.

I acknowledge my duty to the public to ensure that the quality of my knowledge and service is maintained after qualification. I therefore accept my responsibility to undertake adequate Continuing Professional Education as recommended by Council from time to time.

I confirm that I have read and fully comprehended the content of the Institute’s Part 6 Rule 2 and that there is nothing which I should bring to the Institute’s attention at the present time.

I declare that the whole of the information contained in the application is true and complete to the best of my knowledge and belief. I acknowledge that any statement contained therein which is known by me to be false may invalidate this application and any decision reached thereon by the Council of the Institute.
 (*delete inapplicable)

Signature:..... Date:.....

You should complete this form correctly and enclose all the required documents together with the correct fees to enable processing of this application without delay.

Enclosures required (please tick as appropriate)

1. Certified Copies of Certificates evidencing:
 - (a) Examinations Passed
 - (b) University Degree(s)
 - (c) Professional Qualification(s)
2. Evidence of Membership of Professional Accountancy Bodies:
 - (a) Membership Certificate
 - (b) Proof of Continuing Membership in Good Standing
3. Two Reference Letters from BICA members
4. Letter from the Employer
5. Certified copy of Identity Document
6. Remittance
 - (a) Admission fee
 - (b) Annual subscription

	FEES		
	FELLOW	ASSOCIATE	ACCOUNTING
			TECHNICIAN
ADMISSION			
SUBSCRIPTIONS	<input type="text"/>	<input type="text"/>	
VAT	<input type="text"/>	<input type="text"/>	
TOTAL	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	

FORM 2



SCHEDULE 1 FORM 2

APPLICATION FOR RE-REGISTRATION AS A MEMBER

(Reg. 7 (1))

Membership Number:		Membership Name:	
Surname:			
First Name:			
Other Names:			
Mailing Address:		Residence	
Job Title:			
Business Name:			
Business Address:		Email:	
		Telephone (R)	
		Mobile No.	
Telephone (W):		Fax No.	
Parent Institute:			
Country of Birth:		Date of Birth:	
Nationality:		Arrival Date:	
Passport No.		PP Expiry Dt:	
ID/Omang No.		ID Type:	(Must be Passport or Omang)
Membership Joining Date:		Status:	
Membership Category:		Practising?:	
Preferred Contact Channel:			
Employment Category:			
Number of Partners/Directors:			
Size of Organisation:			
Business Category:			
Membership Category:			
Level of Responsibility:			
(Other)			

Notes:

If you have achieved any new qualifications or acquired new membership with an IFAC recognised professional accountancy body please provide details.

Please select from the listed items below when answering the last five questions:

Employment Category	Number of Partners	Size of Organisation	Business Category	Level of Responsibility
a. Industry/Commerce	a. Sole Practitioner	a. Less than 5	a. Manufacturing	a. Senior Partner
b. Government	b. 2 – 3	b. 5 – 25	b. Banking	b. Partner
c. Parastatal	c. 4 – 7	c. 26 – 100	c. Financial Institution	c. Director
d. Public Practice	d. Over 7	d. Over 100	d. Insurance	d. Senior Manager
e. Student	e. Not Applicable	e. Not Applicable	e. Distribution	e. Manager
f. Not Employed			f. Transport	f. Executive
g. Retired			g. Communications	g. Other
h. Not Applicable			h. Other Services	h. Not Applicable
			i. Construction	
			j. Mining	
			k. Publishing/Journalism	
			l. Retailing	
			m. Academic	
			n. Central Government	
			o. Local Government	
			p. Statutory Body	
			q. Parastatal	
			r. Other (specify)	

FORM 3



SCHEDULE 1 FORM 3

APPLICATION FOR RENEWAL OF MEMBERSHIP AND CERTIFICATE
(Reg. 8 (1) and 15 (2))

Membership Number:		Membership Name:	
Surname:			
First Name:			
Other Names:			
Mailing Address:		Residence	
Job Title:			
Business Name:			
Business Address:		Email:	
		Telephone (R)	
		Mobile No.	
Telephone (W):		Fax No.	
Parent Institute:			
Country of Birth:		Date of Birth:	
Nationality:		Arrival Date:	
Passport No.		PP Expiry Dt:	
ID/Omang No.		ID Type:	(Must be Passport or Omang)
Membership Joining Date:		Status:	
Membership Category:		Practising?:	
Preferred Contact Channel:			
Employment Category:			
Number of Partners/Directors:			
Size of Organisation:			
Business Category:			
Membership Category:			
Level of Responsibility:			
(Other)			

Notes:

If you have achieved any new qualifications or acquired new membership with an IFAC recognised professional accountancy body please provide details. Your submission of annual returns, payment of membership fees, and penalties that may have been charged will automatically validate your membership certificate.

Please select from the listed items below when answering the last five questions:

Employment Category	Number of Partners	Size of Organisation	Business Category	Level of Responsibility
a. Industry/Commerce	a. Sole Practitioner	a. Less than 5	a. Manufacturing	a. Senior Partner
b. Government	b. 2 – 3	b. 5 – 25	b. Banking	b. Partner
c. Parastatal	c. 4 – 7	c. 26 – 100	c. Financial Institution	c. Director
d. Public Practice	d. Over 7	d. Over 100	d. Insurance	d. Senior Manager
e. Student	e. Not Applicable	e. Not Applicable	e. Distribution	e. Manager
f. Not Employed			f. Transport	f. Executive
g. Retired			g. Communications	g. Other
h. Not Applicable			h. Other Services	h. Not Applicable
			i. Construction	
			j. Mining	
			k. Publishing/Journalism	
			l. Retailing	
			m. Academic	
			n. Central Government	
			o. Local Government	
			p. Statutory Body	
			q. Parastatal	
			r. Other (specify)	

FORM 4



SCHEDULE 1 FORM 4

APPLICATION FOR MEMBERSHIP RENEWAL OF A CERTIFIED AUDITOR
(Reg. 8 (1) and 15 (2))

I wish to submit my application for renewal of practising certificate for the year.....

My details are as follows:

Name:

Business Name:

Physical Address:

E-mail Address:

Telephone:

Remittance:

Signature: Date:.....

Please attach the following:

1. Copy of residence and work permit
2. Copy of Professional Indemnity Insurance
3. CPD Returns for the year ended 31-12-20.....
4. CPD Evidence Summary for 20.....
5. Solemn Declaration – CPD
6. Details of Continuity of Practice – Sole Practitioners

In terms of the provisions of the Accountants Act, the Regulations and the Rules of the Institute, the Practising Certificate is valid up to 31st day of December of each year. Applications received after 31 December..... would be subject to 50% penalty fee.

FORM 5

SCHEDULE 1 FORM 5



APPLICATION FOR RENEWAL OF MEMBER FIRM – AUDIT
(Reg. 8 (1) 15 (2))

Full Name of Entity:

Physical Address:

Postal Address:

E-mail Address:

Contact Phone:

Certified Auditor/Partners:

<u>Name</u>	<u>BICA Membership Number</u>	<u>Signature</u>
1.
2.
3.
4.
5.
6.

Details of the professional accounting services that the entity provides or intends to provide:

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CONDITIONS FOR REGISTRATION

An application to register a member firm must comply with the following conditions:

1. The firm undertakes not to practise without adequate professional indemnity insurance, a copy of which is herewith attached.
2. The signatures above signify that the individuals who are in the accountancy profession hereby undertake to be bound by the disciplinary provisions of the Rules of the Institute Individually.
3. Provide a certified copy of registration or certificate of incorporation to BICA

REMITTANCE: P.....(exclusive of VAT)

Signature:..... Date:.....

*By the Accountable Officer

*Please attach a copy of the resolution authorising the signatory to sign on behalf of the firm.

Please send your completed form to:

Botswana Institute of Chartered Accountants

Plot No. 50374, Second Floor, Block 3, Fairgrounds Financial Centre, Private Bag 0021,
Gaborone, Botswana

Telephone No. (+267) 3972992, Fax No. 3972982, E-mail: bica@bica.org.bw

Website: www.bica.org.bw



APPLICATION FOR MEMBERSHIP RENEWAL
OF MEMBER FIRM – NON-AUDIT
(Reg. 8 (1) 15 (2))

Full Name of Entity:

Physical Address:

Postal Address:

E-mail Address:

Contact Phone:

Partners/Directors/Members who are in the Accountancy Profession:

<u>Name</u>	<u>BICA Membership Number</u>	<u>Signature</u>
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1.

2.

3.

4.

5.

6.

Details of the professional accounting services that the entity provides or intends to provide:

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CONDITIONS FOR REGISTRATION

An application to register a member firm must comply with the following conditions:

1. The firm undertakes not to practise without adequate professional indemnity insurance, a copy of which is herewith attached.
2. The signatures above signify that the individuals who are in the accountancy profession hereby undertake to be bound by the disciplinary provisions of the Rules of the Institute Individually.
3. Provide a certified copy of registration or certificate of incorporation to BICA

REMITTANCE: P.....(exclusive of VAT)

Signature:..... Date:.....

*By the Accountable Officer

*Please attach a copy of the resolution authorising the signatory to sign on behalf of the firm.

Please send your completed form to:

Botswana Institute of Chartered Accountants

Plot No. 50374, Second Floor, Block 3, Fairgrounds Financial Centre, Private Bag 0021,
Gaborone, Botswana

Telephone No. (+267) 3972992, Fax No. 3972982, E-mail: bica@bica.org.bw

Website: www.bica.org.bw

SCHEDULE 2

FORM 1



SCHEDULE 2 FORM 1

APPLICATION FOR REGISTRATION AS A CERTIFIED AUDITOR
(Reg. 10 (1))

SECTION 1: PERSONAL INFORMATION

Surname:.....

Forenames:

Mailing Address:

E-Mail Address:.....

Date of Admission as BICA Member:

Membership Number:

SECTION 2: CONDITIONS FOR ISSUE

An application for a practising certificate must comply with the following conditions:

1. I undertake not to practise without adequate professional indemnity insurance, details of which are herewith attached.
2. I undertake to have regard to the International Guidelines and Statement of Guidance on Ethics as approved by the Council of IFAC and as endorsed by the Council of the Institute.
3. I acknowledge my duty to the public to ensure that the quality of my knowledge and service is maintained after qualification. I therefore, accept my responsibility to undertake adequate Continuing Professional Development as recommended by the Council of the Institute from time to time.
4. I undertake to be mindful of the need to make arrangements for the continuity of the practice in the event of my death or incapacity, details of which are herewith attached.

SECTION 3: EXPERIENCE

An applicant should complete *EITHER* option 1 *OR* option 2.

OPTION 1

Full particulars of my appropriate accountancy experience for the issue of a certified Auditors certificate, which comply with the Rules and Regulation of the Institute, are included with my application.

(a) My appropriate accountancy experience was obtained in the office of a Public Accountant under the supervision of:

Name and Professional Qualification(s)

Name of Firm

Mailing Address of Firm

Telephone Fax E-mail

(b) I have no objection to the Institute seeking direct confirmation of my accountancy experience from the person/firm enumerated in 1 (a) above. YES NO

OPTION 2

I attach evidence of being a fully paid-up practising member in good standing of Following Professional Accountancy bodies:

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

SECTION 4: PRACTISING DETAILS

1. Date you intend to commence practising under Accountants Act

.....

2. (a) Intends to practise:
As a sole practitioner **YES** **NO**

As a partner **YES** **NO**

(b) Intend to be:
In full practice **YES** **NO**

In spare time practice **YES** **NO**

3. Title of Firm

Principal place of business

Mailing address of Firm

Telephone Fax E-mail

Other places of business

4. Partners: If you are not a sole practitioner, please indicate the name(s) of *all* your partners (*including yourself*) with their designatory letters. (Please use **BLOCK CAPITALS**)

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FORM 2

SCHEDULE 2 FORM 2



APPLICATION TO REGISTER A MEMBER FIRM – AUDIT
(Reg. 11 (1) (a))

Full Name of Member firm:

Physical Address:

Postal Address:

E-mail Address:

Contact Phone:

Certified Auditors/Partners:

<u>Name</u>	<u>BICA Membership Number</u>	<u>Signature</u>
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1.

2.

3.

4.

5.

6.

Details of the professional accounting services that the entity provides or intends to provide:

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CONDITIONS FOR REGISTRATION

An application to register a member firm must comply with the following conditions:

1. The firm undertakes not to practise without adequate professional indemnity insurance, a copy of which is herewith attached.
2. The signatures above signify that the individuals who are in the accountancy profession hereby undertake to be bound by the disciplinary provisions of the Rules of the Institute Individually.
3. Provide a certified copy of registration or certificate of incorporation to BICA

REMITTANCE: P.....(exclusive of VAT)

Signature:..... Date:.....

*By the Accountable Officer

*Please attach a copy of the resolution authorising the signatory to sign on behalf of the firm.

Please send your completed form to:

Botswana Institute of Chartered Accountants

Plot No. 50374, Second Floor, Block 3, Fairgrounds Financial Centre, Private Bag 0021, Gaborone, Botswana

Telephone No. (+267) 3972992, Fax No. 3972982, E-mail: bica@bica.org.bw

Website: www.bica.org.bw

FORM 3

SCHEDULE 2 FORM 3



APPLICATION TO REGISTER A MEMBER FIRM – NON-AUDIT
(Reg. II (1) (b))

Full Name of Member firm:.....

Physical Address:

Postal Address:

E-mail Address:

Contact Phone:

Certified Auditors/Partners:

<u>Name</u>	<u>BICA Membership Number</u>	<u>Signature</u>
1.
2.
3.
4.
5.
6.

Details of the professional accounting services that the firm provides or intends to provide:

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.....

CONDITIONS FOR REGISTRATION

An application to register a member firm must comply with the following conditions:

1. The firm undertakes not to practise without adequate professional indemnity insurance, a copy of which is herewith attached.
2. The signatures above signify that the individuals who are in the accountancy profession hereby undertake to be bound by the disciplinary provisions of the Rules of the Institute individually.
3. Provide a certified copy of registration or certificate of incorporation to BICA

Signature:..... Date:.....
*By the Accountable Officer

*Please attach a copy of the resolution authorising the signatory to sign on behalf of the firm.

Please send your completed form to:

Botswana Institute of Chartered Accountants

Plot No. 50374, Second Floor, Block 3, Fairgrounds Financial Centre, Private Bag 0021,
Gaborone, Botswana

Telephone No. (+267) 3972992, Fax No. 3972982, E-mail: bica@bica.org.bw

Website: www.bica.org.bw

FORM 4

SCHEDULE 2 FORM 4



APPLICATION FOR RESTORATION OF MEMBER FIRM
(Reg. 13 (1) (b))

Full Name of Entity:

Physical Address:

Postal Address:

E-mail Address:

Contact Phone:

Partners/Directors/Members who are in the Accountancy Profession:

<u>Name</u>	<u>BICA Membership Number</u>	<u>Signature</u>
1.
2.
3.
4.
5.
6.

Details of the professional accounting services that the entity provides or intends to provide:

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CONDITIONS FOR REGISTRATION

An application to register a member firm must comply with the following conditions:

1. The firm undertakes not to practise without adequate professional indemnity insurance, a copy of which is herewith attached.
2. The signatures above signify that the individuals who are in the accountancy profession hereby undertake to be bound by the disciplinary provisions of the Rules of the Institute individually.
3. Provide a certified copy of registration or certificate of incorporation to BICA

REMITTANCE: P.....(exclusive of VAT)

Signature:..... Date:.....

*By the Accountable Officer

*Please attach a copy of the resolution authorising the signatory to sign on behalf of the firm.

Please send your completed form to:

Botswana Institute of Chartered Accountants

Plot No. 50374, Second Floor, Block 3, Fairgrounds Financial Centre, Private Bag 0021,
Gaborone, Botswana

Telephone No. (+267) 3972992, Fax No. 3972982, E-mail: bica@bica.org.bw

Website: www.bica.org.bw

SCHEDULE 3

FORM 1

ACCOUNTING TECHNICIAN MEMBERSHIP CERTIFICATE
(Regulation 14 (a))

**BOTSWANA INSTITUTE OF CHARTERED ACCOUNTS
ACCOUNTANTS ACT (Cap. 61:05)**



ACCOUNTING TECHNICIAN MEMBERSHIP CERTIFICATE

This is to certify that

was admitted as an

ACCOUNTING TECHNICIAN

on

and became entitled to the designation

Acc. Tech

.....
Member of Council

.....
Secretary of the Institute

**Given under the common seal
of the Institute
This.....day of.....20.....**

This Certificate Number.....is the property of the Institute and is issued unaltered.
Membership classifications are Fellow, Associate and Accounting Technician. (Reg. 14 (a))

FORM 2

CERTIFICATE OF ASSOCIATESHIP – ASSOCIATE CHARTERED ACCOUNTANT
(Regulation 14 (b))

**BOTSWANA INSTITUTE OF CHARTERED ACCOUNTS
ACCOUNTANTS ACT (Cap. 61:05)**



CERTIFICATE OF ASSOCIATESHIP

This is to certify that

was admitted as an

ASSOCIATE CHARTERED ACCOUNTANT

on

and became entitled to the designation

ACA

.....
Member of Council

.....
Secretary of the Institute

**Given under the common seal
of the Institute
This.....day of.....20.....**

This Certificate Number.....is the property of the Institute and is issued unaltered.
Membership classifications are Fellow, Associate and Accounting Technician. (Reg. 14 (b))

FORM 3

CERTIFICATE OF FELLOWSHIP – FELLOW CHARTERED ACCOUNTANT
(Regulation 14 (c))

**BOTSWANA INSTITUTE OF CHARTERED ACCOUNTS
ACCOUNTANTS ACT (Cap. 61:05)**



CERTIFICATE OF FELLOWSHIP

This is to certify that

was admitted as an

FELLOW CHARTERED ACCOUNTANT

on

and became entitled to the designation

FCA

.....
Member of Council

.....
Secretary of the Institute

**Given under the common seal
of the Institute
This.....day of.....20.....**

This Certificate Number.....is the property of the Institute and is issued unaltered.
Membership classifications are Fellow, Associate and Accounting Technician. (Reg. 14 (c))

FORM 4

CERTIFICATE OF ASSOCIATESHIP – ASSOCIATE CERTIFIED
PROFFESIONAL ACCOUNTANT
(Regulation 14 (d))

**BOTSWANA INSTITUTE OF CHARTERED ACCOUNTS
ACCOUNTANTS ACT (Cap. 61:05)**



CERTIFICATE OF ASSOCIATESHIP

This is to certify that

was admitted as an

ASSOCIATE CERTIFIED PROFESSIONAL ACCOUNTANT

on the

and became entitled to the designation

ACPA (Bots)

.....
Member of Council

.....
Secretary of the Institute

**Given under the common seal
of the Institute
This.....day of.....20.....**

This Certificate Number.....is the property of the Institute and is issued unaltered.
Membership classifications are Fellow, Associate and Accounting Technician. (Reg. 14 (d))

FORM 5

CERTIFICATE OF FELLOWSHIP – FELLOW CERTIFIED PROFESSIONAL
ACCOUNTANT
(Regulation 14 (e))

**BOTSWANA INSTITUTE OF CHARTERED ACCOUNTS
ACCOUNTANTS ACT (Cap. 61:05)**



CERTIFICATE OF FELLOWSHIP

This is to certify that

was admitted as a

FELLOW CERTIFIED PROFESSIONAL ACCOUNTANT

on

and became entitled to the designation

FCPA

.....
Member of Council

.....
Secretary of the Institute

**Given under the common seal
of the Institute
This.....day of.....20.....**

This Certificate Number.....is the property of the Institute and is issued unaltered.
Membership classifications are Fellow, Associate and Accounting Technician. (Reg. 14 (e))

FORM 6

CERTIFICATE OF MEMBERSHIP – MEMBER FIRM – AUDIT
(Regulation 14 (f))

**BOTSWANA INSTITUTE OF CHARTERED ACCOUNTANTS
ACCOUNTANTS ACT (Cap. 61:05)**



CERTIFICATE OF MEMBERSHIP

This is to certify that

was admitted as a

MEMBER FIRM – AUDIT

on

.....
Member of Council

.....
Secretary of the Institute

Member Firm No.

**Given under the common seal
of the Institute
This.....day of.....20.....**

This Certificate is valid until the 31st of December 20.....and is issued unaltered and remains the property of the Institute. (Reg. 14 (f))

FORM 7

CERTIFICATE OF MEMBERSHIP – MEMBER FIRM – NON-AUDIT
(Regulation 14 (g))

**BOTSWANA INSTITUTE OF CHARTERED ACCOUNTANTS
ACCOUNTANTS ACT (Cap. 61:05)**



CERTIFICATE OF MEMBERSHIP

This is to certify that

was admitted as a

MEMBER FIRM – NON-AUDIT

on

.....
Member of Council

.....
Secretary of the Institute

Member Firm No.

**Given under the common seal
of the Institute
This.....day of.....20.....**

This Certificate is valid until the 31st of December 20.....and is issued unaltered and remains the property of the Institute. (Reg. 14 (g))

FORM 8

PRACTISING CERTIFICATE – CERTIFIED AUDITOR
(Regulation 14 (h))

**BOTSWANA INSTITUTE OF CHARTERED ACCOUNTS
ACCOUNTANTS ACT (Cap. 61:05)**



PRACTISING CERTIFICATE

This is to certify that

has been registered as a

CERTIFIED AUDITOR

in accordance with the Accountants Act and the Rules and
Regulations of the Institute

.....
Member of Council

.....
Secretary of the Institute

Practising Certificate No.

**Given under the common seal
of the Institute
This.....day of.....20.....**

This Certificate is valid until the 31st of December 20.....and is issued unaltered and remains the property of the Institute. (Reg. 14 (h))

SCHEDULE 4

FEES

APPLICATION FEES FOR CLASSES OF MEMBERSHIP

(Regulation 4 (2) and 7 (2))

<i>CLASS OF MEMBERSHIP</i>	<i>APPLICATION FEE</i>
Accounting Technician	P130
Associate Chartered Accountant	P255
Associate Certified Professional Accountant	P255
Fellow Chartered Accountant	P255
Fellow Certified Professional Accountant	P255
Certified Auditor	P11 200

ANNUAL SUBSCRIPTIONS

(Regulation 8 (1))

<i>CLASS OF MEMBERSHIP</i>	<i>ANUAL SUBSCRIPTION FEE</i>
Accounting Technician	P520
Associate Chartered Accountant	P2050
Associate Certified Professional Accountant	P2050
Fellow Chartered Accountant	P2200
Fellow Certified Professional Accountant	P2200
Member Firm	P2500
Certified Auditor	P11 200

FEE FOR THE ISSUE OF CERTIFICATE

(Regulation 16)

<i>Field of Registration</i>	<i>Fee for Certificate of Registration</i>
A. Member	
B. Professional Accountant	
C. Member Firm	
D. Certified Auditor	Fee for Practising Certificate

SCHEDULE 5

FORM 1

SCHEDULE 5 FORM 1



For office use only

APPLICATION TO REGISTER CHARTERED ACCOUNTANT STUDENT
(Regulation 17 (2))

Complete and submit this form to register a chartered accountant student with the Botswana Institute of Chartered Accountants. You must be an authorised training organisation to do so. If your student has already completed a period of service under a training contract please use the **Re-registration form**.

1. THE STUDENT PLEASE USE BLOCK CAPITAL	
Family Name/Surname	Mr., Mrs., Miss, Ms (or other title)
Given Name(s)/Forename(s)	
Private Address:	
Telephone	Cellphone
Email	
Date of Birth	Nationality
Do you already have a BICA number? <input type="checkbox"/> <input type="checkbox"/> Yes No <input type="checkbox"/> <input type="checkbox"/> If yes, BICA number (if known)	
2. THE TRAINING ORGANISATION PLEASE USE BLOCK CAPITAL	
Name of Organisation	Training Office Number
Office Address (where student is based)	
In case of queries, please contact (name)	
Telephone	Email
(a) I apply to register the chartered accountant student named above and I confirm that the Student has been provided with an employment contract and a BICA training contract. (b) The training contract began on.....and is for.....months of Approved Training. (please return this form within one month of the start date.) (c) The student's starting salary is P..... (d) I confirm that the above details are correct and that the student's details have been verified, or will be verified shortly by reference to documentary evidence of the qualification claimed. I understand that the training contract should be cancelled if the student fails to produce the documentary evidence.	
Signature:	Date:...../...../.....
(Qualified person responsible for training (QPRT) or authorised signatory)	
Full name of QPRT.....	

3. SECONDARY EDUCATION

Level (eg GCSE, A-Level)	Title	Grade	Year of Award	Country

4. DEGREE

Designation (eg BSc)	Title	Class/Grade (eg 2.1)	Year of Award	Univerity HE Institution	Type (full time sandwich, part time)	Country

5. OTHER ACADEMIC QUALIFICATION

Title	College/Institution	Designation (eg HND)	Class/Grade	Year of Award	Country

6. PROFESSIONAL QUALIFICATION

Professional body	Status (eg member, student)	Examination stage(s) passed	Country

7. MANDATORY DECLARATION

Students are required to declare any act or default likely to bring discredit on themselves, the institute or the profession of accountancy. This includes (but is not limited to):

- Any criminal offence or guilty plea to a criminal offence;
- Bankruptcy;
- Individual Voluntary Arrangements;
- Failure to satisfy a judgement debt;
- An adverse finding against you by a professional body or regulator.

Do any of the above circumstances (or similar) apply to you? Yes No

8. DISABILITY INFORMATION

Do you have a long term or permanent disability, health problem, indisposition or specific learning difficulty, such as dyslexia, that might:

- Affect your examinations and for which you require support from the Institute?
- Affect any service or facility offered by the Institute for which you may require support?

Do you wish to notify the Institute of any condition that may fall under the above?

Yes (Please enclose details with your registration)

All information disclosed will be treated in the strictest confidence and will not be passed on to your employer or any third party organisation without your express consent. If you have any questions or are not sure whether you should complete this section of the form, please contact our student support team on (+267) 3972992.

9. STUDENT'S CERTIFICATE

I agree that during the existence of this training contract and for any period up until I am admitted as a member of the BICA, I will:

- comply in all respects with the Bye-laws and Regulations of the BICA which are applicable to students
- use every effort to further the objects of the BICA
- observe and uphold the ethical and professional standards of the BICA
- provide copies of my training records to the BICA on request
- provide promptly and willingly all possible information and assistance if asked to do so by the BICA in accordance with its duties.

I confirm that:

- the details given are correct
- I have been provided with an employment contract and BICA training contract
- I have not previously completed any period of service under a training contract

Signature:.....

Date:...../...../.....

NB: Submit certified copies of educational certificates and one passport photo of the student with this application.

10. DATA PROTECTION – our commitment to you

The protection of personal privacy is an important concern to the BICA and any personal data collected will be treated in utmost confidentiality. The information collected by BICA, may be used for statistics and profiling, communications and research purposes, examination and training administration, billing and risk assessment purposes, and to enable us to keep you up to date with relevant product and service developments. This information may be shared with third parties in pursuit of the above.

Please return this form to:
Training & Professional Development Department
The Botswana Institute of Chartered Accountants
P/Bag 0021, Gaborone Tel: +267 3972992

FORM 2

SCHEDULE 5 FORM 2



For office use only

APPLICATION FOR RENEWAL OF REGISTRATION AS STUDENT
(Regulation 21 (4))

Complete and submit this form to renew your student registration.

1. STUDENT DETAILS PLEASE USE BLOCK CAPITAL	
Family Name/Surname	Mr, Mrs, Miss, Ms (or other title)
Given Name(s)/Forename(s)	
Private Address:	
Telephone	Email
Cellphone	Nationality
BICA Student Number <input type="text"/>	
2. PAYMENT DETAILS	
Payment Period: 1st January to 31st December 20.....	
Amount Paid	Pula Total <input type="text"/>
Evidence of payment must be submitted with this from.	
Signature:.....	Date:...../...../.....

Please return this form to:
Training & Professional Development Department
The Botswana Institute of Chartered Accountants
P/Bag 0021, Gaborone Tel: +267 3972992

FORM 3



SCHEDULE 5 FORM 3

For office use only

APPLICATION FOR RESTORATION INTO THE STUDENT REGISTER
(Regulation 22 (1))

This form should only be completed by persons who were registered as BICA students before but were removed from the register for whatever reason. We advise you to wait for confirmation that your re-registration has been approved before starting your studies with a tuition provider. Students must ensure that they are re-registered with BICA prior to attempting an exam.

1. THE STUDENT PLEASE USE BLOCK CAPITAL	
Family Name/Surname	Mr, Mrs, Miss, Ms (or other title)
Given Name(s)/Forename(s)	
Private Address:	
Telephone	Email
Date of Birth	Nationality
Previous BICA Number <input type="checkbox"/>	

2. ADDITIONAL QUALIFICATIONS GAINED SINCE LEAVING REGISTER
Please list any additional educational or professional qualifications you have obtained since you originally registered with the Institute.

3. MANDATORY DECLARATION

Students are required to declare any act or default likely to bring discredit on themselves, the institute or the profession of accountancy. This includes (but is not limited to):

- Any criminal offence or guilty plea to a criminal offence;
- Bankruptcy;
- Individual Voluntary Arrangements;
- Failure to satisfy a judgement debt;
- An adverse finding against you by a professional body or regulator.

Do any of the above circumstances (or similar) apply to you? Yes No

4. DISABILITY INFORMATION

Do you have a long term or permanent disability, health problem, indisposition or specific learning difficulty, such as dyslexia, that might:

- Affect your examinations and for which you require support from the Institute?
- Affect any service or facility offered by the Institute for which you may require support?

Do you wish to notify the Institute of any condition that may fall under the above?

Yes (Please enclose details with your registration)

All information disclosed will be treated in the strictest confidence and will not be passed on to your employer or any third party organisation without your express consent. If you have any questions or are not sure whether you should complete this section of the form, please contact our student support team on (+267) 3972992.

5. STUDENT’S CERTIFICATE

I confirm that:

- the details above are correct and I enclose certified documentary evidence of my additional qualification(s).

Signature:.....

Date:...../...../.....

NB: Submit certified copies of educational certificates and one passport photo with this application.

6. DATA PROTECTION – our commitment to you

The protection of personal privacy is an important concern to the BICA and any personal data collected will be treated in utmost confidentiality. The information collected by BICA, may be used for statistics and profiling, communications and research purposes, examination and training administration, billing and risk assessment purposes, and to enable us to keep you up to date with relevant product and service developments. This information may be shared with third parties in pursuit of the above.

Please return this form to:
Training & Professional Development Department
The Botswana Institute of Chartered Accountants
P/Bag 0021, Gaborone Tel: +267 3972992

NB: Ensure that you have attached all relevant documentation and evidence of payment of the prescribed fee.

FORM 4

SCHEDULE 5 FORM 4



For office use only

APPLICATION TO REGISTER AS AN INDEPENDENT STUDENT
(Regulation 23 (1))

Complete and submit this form to register as an independent student with the Botswana Institute of Chartered Accountants. Registration allows you to sit all BICA examinations except for the Case Study. You can only apply and sit the Case Study exam once you have begun the third year of your period of approved training.

1. THE STUDENT PLEASE USE BLOCK CAPITAL	
Family Name/Surname	Mr, Mrs, Miss, Ms (or other title)
Given Name(s)/Forename(s)	
Private Address:	
Telephone	Email
Date of Birth	Nationality
<p>Do you already have a BICA number?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, BICA number (if known) <input type="checkbox"/> <input type="checkbox"/></p>	

2. SECONDARY EDUCATION				
Level (eg GCSE, A-Level)	Title	Grade	Year of Award	Country

3. DEGREE

Designation (eg BSc)	Title	Class/Grade (eg 2.1)	Year of Award	Univerity HE Institution	Type (full time sandwich, part time)	Country

4. OTHER ACADEMIC QUALIFICATION

Title	College/Institution	Designation (eg HND)	Class/Grade	Year of Award	Country

5. PROFESSIONAL QUALIFICATION

Professional body	Status (eg member, student)	Examination stage(s) passed	Country

6. MANDATORY DECLARATION

Students are required to declare any act or default likely to bring discredit on themselves, the institute or the profession of accountancy. This includes (but is not limited to):

- Any criminal offence or guilty plea to a criminal offence;
- Bankruptcy;
- Individual Voluntary Arrangements;
- Failure to satisfy a judgement debt;
- An adverse finding against you by a professional body or regulator.

Do any of the above circumstances (or similar) apply to you? Yes No

7. DISABILITY INFORMATION

Do you have a long term or permanent disability, health problem, indisposition or specific learning difficulty, such as dyslexia, that might:

- Affect your examinations and for which you require support from the Institute?
- Affect any service or facility offered by the Institute for which you may require support?

Do you wish to notify the Institute of any condition that may fall under the above?

Yes (Please enclose details with your registration)

All information disclosed will be treated in the strictest confidence and will not be passed on to your employer or any third party organisation without your express consent. If you have any questions or are not sure whether you should complete this section of the form, please contact our student support team on (+267) 3972992.

8. STUDENTS' CERTIFICATE

I confirm that:

- the details above are correct and I enclose certified documentary evidence of my additional qualification(s); and
- I have not previously completed any period of service under a BICA training contract and I have not previous registered as a prospective or independent student.

Signature:.....

Date:...../...../.....

NB: Submit certified copies of educational certificates and one passport photo with this application.

9. DATA PROTECTION – our commitment to you

The protection of personal privacy is an important concern to the BICA and any personal data collected will be treated in utmost confidentiality. The information collected by BICA, may be used for statistics and profiling, communications and research purposes, examination and training administration, billing and risk assessment purposes, and to enable us to keep you up to date with relevant product and service developments. This information may be shared with third parties in pursuit of the above.

Please return this form to:
Training & Professional Development Department
The Botswana Institute of Chartered Accountants
P/Bag 0021, Gaborone Tel: +267 3972992

SCHEDULE 6

FORM 1



SCHEDULE 6 FORM 1
APPLICATION TO REGISTER AS
A TRAINING EMPLOYER
(Regulation 28 (1))

Please complete and return this form to:
Training & Professional Development Department
The Botswana Institute of Chartered Accountants
P/Bag 0021, Gaborone Tel: +267 3972992, E-mail: bica@bica.org.bw

Please tick as appropriate
New Restoration

APPLICATION DETAILS

Name of employer:

Type of organisation (please tick) Accountancy Practice Financial Services Commercial Public Sector

Address

Telephone (daytime)

Email

Qualified person responsible for training (QPRT)¹

BICA membership number Title/Position.....

- I wish to apply for the above named employer to be authorised as a training employer, and:
- (a) will meet and continue to meet, the training standards of BICA and provide any further information as required
 - (b) will notify BICA immediately of any change in circumstances² which may affect our standard of training
 - (c) enclose a training contract/agreement, based on the latest BICA guidelines

Applicant's signature.....

NUMBER OF QUALIFIED ACCOUNTANTS

Partners/Directors/senior accounting staff³

Accounting staff

Other professional staff

Total

3. Please enter the number of
- partners if your organisation is engaged in public practice
 - directors if your organisation belongs to a corporate body (ei, a limited company whose directors are engaged in public practice)
 - senior accounting staff if your organisation is engaged in industry, commerce or the public sector

Notes:

1. The QPRT must be an Associate or Fellow member of BICA in good standing.
2. Changes in circumstances include a change of QPRT, re-organisation, merger, de-merger, change of location and significant changes in work experience provided.

9. DATA PROTECTION – our commitment to you

The protection of personal privacy is an important concern to the BICA and any personal data collected will be treated in utmost confidentiality. The information collected by BICA, may be used for statistics and profiling, communications and research purposes, examination and training administration, billing and risk assessment purposes, and to enable us to keep you up to date with relevant product and service developments. This information may be shared with third parties in pursuit of the above.

FORM 2

CERTIFICATE FOR AN AUTHORISED TRAINING EMPLOYER
(Regulation 28 (3))



AUTHORISED TRAINING EMPLOYER

This is to certify that

Employer Number:

Is authorised to train BICA Chartered Accountants

From:

.....
Member of Council

.....
Secretary of the Institute

(Reg. 28 (3))

MADE this 3rd day of June, 2013.

O.K. MATHAMBO,
*Minister of Finance and Development
Planning.*