



Application for Investment Business Authorisation

SECTION 1: FIRM DETAILS

| | | | |
|----------------------|--|-----------------------|--|
| Firm Name: | | | |
| Firm Address: | | | |
| | | | |
| | | | |
| | | | |
| Telephone: | | Email Address: | |

SECTION 2: CATEGORY OF AUTHORISATION REQUESTED

I wish to be registered by the Institute of Certified Public Accountants in Ireland to carry out investment business under the Investment Intermediaries Act (as amended) under the following category:

(Please choose one category. For details please refer to the CPA Investment Business Regulations which are available on the CPA website).

(tick as appropriate)

- Cat. 1
 Cat. 1A
 Cat. 2.1
 Cat. 2.2
 Cat. 3

SECTION 3: PRACTICE DETAILS

1. Date you intend to commence offering investment business advice:

2. I practise: (tick as appropriate)

as a Sole Practitioner in a Partnership Other – specify

3. Partner Details

| Compliance Partner/Principal | | | | | |
|------------------------------|--|--------------------------|--------------------------|-----------------------------------|---|
| Principal/Partner Details | | | | | |
| Principal/Partner details | | Tick as appropriate | | Please list qualification details | Will this individual provide investment business advice? Y/N |
| | | CPA | Other | | |
| 1. | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

4. Employee Details

Please provide details of any employees that will provide investment business advice to clients (please note that the minimum competency requirements – see section 10, will apply to all individuals providing investment advice).

| Employee Name | Qualifications |
|---------------|----------------|
| | |
| | |
| | |
| | |

SECTION 4: NATURE OF ADVICE

Please outline the nature of investment business services to be offered:

SECTION 5: PREVIOUS AUTHORISATIONS

Has your firm or any of its partners ever applied to another body for authorisation as an investment intermediary?

If yes, please state:

Yes

No

Name of Body:

Date of Application:

Result of Application:

If your application was unsuccessful, please give details:

Is authorisation still held with this body?

Yes

No

If authorisation has been terminated please provide details:

Please note that the Registration Committee may conduct regulator to regulator checks with other Recognised Accountancy Bodies.

SECTION 6: DECLARATION OF SOLVENCY

Is your firm currently solvent?

Yes No

SECTION 7: CONTINUITY OF PRACTICE AGREEMENT

If you are a sole practitioner you must hold a continuity of practice agreement with another investment intermediary of an equivalent or higher category.

Please provide details:

NB: Please submit a copy of agreement if not previously submitted

SECTION 8: INCIDENTAL MANNER

Please confirm that all of your investment business activities will be conducted in an incidental manner to other services provided?

Yes No

Please confirm that you are aware that your firm will be legally obliged under the Investor Compensation Act, 1998 to make an annual contribution to the Investor Compensation Scheme. Details of this scheme can be found at www.investorcompensation.ie.

Yes No

Please confirm whether any contributions that were due under the Investor Compensation Scheme were discharged in full if the applicant firm or any person associated with the application was previously registered by CPA Ireland.

Yes No

CPA Ireland will provide your industry correspondence details (including email addresses), authorisation status, and other relevant information to the Investor Compensation Company DAC (the "ICCL") in order to allow the ICCL fulfil its statutory obligations and objectives. I confirm my understanding of this.

Yes No

CPA Ireland may obtain information from the ICCL in respect of your annual contribution and participation in the Investor Compensation Scheme including information in respect of non-payment of contributions. I confirm my understanding of this.

Yes No

SECTION 10: PROFESSIONAL INDEMNITY INSURANCE

Please confirm that you will have adequate insurance cover to conduct investment business activities.

Yes No

SECTION 11: MINIMUM COMPETENCY REQUIREMENTS

Please read the Minimum Competency Code 2011 available at www.cpaireland.ie and confirm the most appropriate arrangement for your firm.

Please review A, B and C carefully and tick one, being the most appropriate arrangement for your firm.

A. The firm's only investment business activity will be that of referring or introducing clients to another regulated investment business. The firm will not hold any agencies (Category 1A).

B. I possess a relevant qualification as outlined in Appendix 4 of the Minimum Competency Code 2011.

C. I do not possess a relevant qualification and confirm that the requirements of sections 1.4 and 2.5 of the Minimum Competency Code 2011 are in place. Please outline below the arrangements made to comply with sections 1.4 and 2.5.

SECTION 12: OTHER INFORMATION

Please give any other information, which you consider to be relevant to your application:

FORMAL APPLICATION: INVESTMENT INTERMEDIARY

To the Registration Committee of the Institute of Certified Public Accountants in Ireland.

I hereby apply for authorisation as an investment intermediary in accordance with the Investment Intermediaries Act (as amended).

I warrant, if authorised, that as long as I remain an investment intermediary, I will observe the CPA Investment Business Regulations and any guidance that the Institute may issue from time to time (available on the CPA website at www.cpaireland.ie).

I warrant that I have truthfully and fully answered the questions in this application.

I hereby authorise the Institute of Certified Public Accountants in Ireland to make such enquiries as are necessary to consider this application.

Signature:

Date:

Name (BLOCK CAPITALS):

DATA PROTECTION

The Institute of Certified Public Accountants in Ireland (CPA Ireland) will use the information contained in this form together with any other information otherwise furnished by you or by other third parties for the purposes of processing this application; managing and administering your membership; and generally for the performance by the Institute of its regulatory, supervisory and statutory functions, as more fully described in the Institute's Privacy Policy which explains your rights in relation to your personal data. You acknowledge you have read and understand the Institute's [Privacy Policy](#). Information furnished may be shared with third parties such as the CRO, IAASA.



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