

# Application to become a licensed practice

This application form should be submitted by firms that wish to act as an ATOL Reporting Accountant for an ATOL holder.

To ensure we have all the information we need to process your application, please ensure you are completing the latest version of this form. The most up to date version is linked from [icaew.com/regulatoryapplications](https://icaew.com/regulatoryapplications), or please email [regulatorysupport@icaew.com](mailto:regulatorysupport@icaew.com) for a copy.

We aim to provide a decision on your application as soon as possible. This is usually within 8-12 weeks of receiving a fully completed application form and all supporting documentation.

## INTRODUCTION

The entity making this application may not hold itself out as a licensed practice unless we have confirmed in writing that your application has been successful.

## HOW TO COMPLETE THIS APPLICATION FORM

Where necessary, we give guidance before the question. Please read the guidance before you complete the question.

- Please fill in this form electronically, using the TAB key to move from one answer to the next. The relevant sections can be signed with a digital signature.
- Please note that all signatures and Letters of Good Standing (LOGS) need to be dated within the last three months. If, at the stage of approval of the application, the signature was added more than three months ago, we will require the form to be resigned and/or a new LOGS to be provided
- Then send it as an email attachment to [regulatorysupport@icaew.com](mailto:regulatorysupport@icaew.com)
- If you submit a scanned copy of this application form, please also send us an electronic copy to allow us to scroll through any text you have added in your answers on this form.
- If you have any questions as you are filling in the form, please call +44 (0)1908 546 302.
- Please send a copy of the firm's proposed letterhead with your application.
- To be eligible for registration, your firm must have in place professional indemnity insurance (PII) as required by the PII Regulations and CAA Guidance. Please send a copy of the proposed firm's PII policy schedule and your insurer's details with this application.

If your firm includes principals who are not:

- members of ICAEW;
- firms registered for audit work by ICAEW;
- firms licensed under the designated professional body arrangements of ICAEW;
- licensed under the ICAEW Insolvency Regulations;
- an ICAEW accredited probate firm; or
- members of ICAS, CAI or ACCA.

Then these individuals or entities will also need to apply for affiliate status, unless already ICAEW affiliates in another area. You can download an application form at [icaew.com/lpscheme](https://icaew.com/lpscheme)

# POINTS TO NOTE

In some circumstances, ICAEW staff will not have the delegated authority to make a decision on your application and it will have to be referred to the relevant ICAEW committee to consider. In this situation, it **could** result in conditions and/or restrictions being placed on the approval of the firm's application for registration. This **could** include:

- external/internal hot or cold file reviews;
- notifying the committee when ATOL appointments are accepted;
- an advanced Quality Assurance Department monitoring visit; or
- submission of completed CPD records for all or some of the licensed practitioners in the firm.

## 1 DETAILS OF THE FIRM MAKING THE APPLICATION

Firm name	Firm number: C0
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## 2 TYPE OF PRACTICE

What is the legal form of the practice?	Sole practice	Partnership	Limited liability partnership	Corporate practice	Other – please provide details
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## 3 FIRM PROFILE

Who is your firm registered for audit with? (If your firm isn't a registered auditor, please select 'Not registered'.)			
ICAEW	AAPA	ACCA	CAI ICAS Not registered Not registered
Who is your firm licensed for DPB activities by? (If your firm isn't licensed for DPB activities, please select 'Not registered'.)			
ICAEW	AAPA	ACCA	CAI ICAS Not registered Not registered
Who licenses individuals within your practice for insolvency? (Please state all that apply or leave blank if it doesn't apply to your firm.)			
Is your firm probate-accredited with ICAEW?		YES	NO
Does your firm meet ICAEW's member firm definition? (Please refer to ICAEW's Principal Bye-laws)		YES	NO
If 'No', does ICAEW supervise your firm under a contract for Practice Assurance services?		YES	NO N/A – member firm

Who is your firm's anti-money laundering (AML) supervisor?

ICAEW

AAT

ACCA

AIA

ATT

CAI

CIMA

CIoT

CIPFA

Crown Dependency supervisor – Guernsey

Crown Dependency supervisor – Jersey

Crown Dependency supervisor – Isle of Man

HMRC

IAB

ICAS

IFA

Insolvency Service

IPA

Other

Not registered

If 'Other' or 'Not registered', please state supervisory authority or explain why your firm isn't registered for AML supervision

## 4 FIRM DETAILS

**Principal office** – the office to which ICAEW will send all communications

Address

Postcode

ICAEW use: **L0**

Phone

Firm's website address

Will this office conduct licensed work?

YES

NO

**Contact principal** – the principal who is to be appointed to make sure that the firm complies with the ICAEW Licensed Practice Handbook. ICAEW will send all correspondence to the contact principal

Name of contact  
principal

If the contact principal does not work from the principal office of the firm, please give their office address

Email address

Phone

Address (if different  
from above)

Postcode

**Trading names** – are when a firm trades under more than one name but with the same owners. This does not include instances where, for example, there are multiple firms with the same partnership structure but with different names.

If you have multiple trading names, please list them on a separate sheet of paper.

Trading name  
(if applicable)

ICAEW use: **L0**

Do you intend to use the trading name when signing work performed under the handbook?

YES

NO

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**Other offices** – include all offices.

A market day office is an office where no staff are located and where no files or client information is held; ie, a location used simply for meetings.

Address

Postcode

ICAEW use: **L0**

Phone

Is this a market day office?

YES

NO

Will this office conduct licensed work?

YES

NO

Will the licensed work be performed using the same procedures as all other offices performing licensed work?

YES

NO

N/A – member firm

Address

Postcode

ICAEW use: **L0**

Phone

Is this a market day office?

YES

NO

Will this office conduct licensed work?

YES

NO

Will the licensed work be performed using the same procedures as all other offices performing licensed work?

YES

NO

N/A – member firm

Please use additional sheets if necessary.

## 5 PRINCIPALS – SOLE PRACTITIONER, PARTNERS, DIRECTORS AND LLP MEMBERS

In section 5a, please list all principals and whether they are to be designated as licensed practitioners.

In section 5b, please list all employees whom the firm wishes to designate as licensed practitioners.

In section 5c, please confirm the number of licensed practitioner applications enclosed with this application.

### Definition of terms

**ICAEW membership number** – please give the seven-digit number if known.

**Professional body/bodies** – please list all bodies of which the principal or employee is a member.

**Office** – please give the location of the office from which the principal or employee normally practises.

**Licensed practitioners** – these are the individuals who can undertake work under the relevant category of the *ICAEW Licensed Practice Handbook* on behalf of the firm. Each licensed practitioner must be able to demonstrate that they have met the qualification requirements of the relevant category. Each licensed practitioner must complete a licensed practitioner application form (see part 5c).

### 5a Principals – sole practitioners, partners, directors, LLP members

ICAEW reference number	Surname	First names	Date of birth	Professional body/bodies	ICAEW Affiliate		Office location	PC held?		Designate as a licensed practitioner?		% of total voting rights
					YES	NO		YES	NO	YES	NO	

Please use additional sheets if necessary.

**5b Licensed practitioner - employees**

ICAEW reference number	Surname	First names	Date of birth	Professional body/bodies	Office location	PC held?
						YES NO

Please use additional sheets if necessary.

**5c Principals and employee licensed practitioners**

All principals and employees to be designated licensed practitioners must complete a separate application. Please give the number of licensed practitioner applications you have enclosed with this application.

I have enclosed                      licensed practitioner applications with this form.

## 6 MANAGEMENT BOARD

This section is for supplying details of a Management Board, where there is one. Details should be included of those who are able to direct policy or undertake other consultations.

Please use additional sheets if necessary.

If the firm has a management board, please supply the following details.

Membership no. if known	Surname	First names	Office location	Principal?	% of voting rights in board
				YES NO	
				YES NO	
				YES NO	
				YES NO	

Membership no. if known	Surname	First names	Office location	Principal?		% of voting rights in board
				YES	NO	
				YES	NO	

## 7 SHAREHOLDERS OF A CORPORATE PRACTICE - WITH VOTING SHARES

This section is for listing all the shareholders of the corporate practice. Please detail all shareholdings with voting rights. NB: The shareholdings (with voting rights) must total 100%. If your firm is not a corporate practice, go to section 9.

Member/firm no. if known	Full name (and address if not a director) of shareholders with voting rights	No. of shares	% of total voting rights	Director, employee or other		
C0				Director	Employee	Other
C0				Director	Employee	Other
C0				Director	Employee	Other
C0				Director	Employee	Other
C0				Director	Employee	Other

Total

Please attach an additional sheet with the details of further shareholders.

## 8 SHAREHOLDERS OF A CORPORATE PRACTICE - WITH NON-VOTING SHARES

This section is for listing all shareholders of the corporate practice that hold non-voting shares.

Member/firm no. if known	Full name (and address if not a director) of shareholders with non-voting shares	No. of shares	Director, employee or other		
C0			Director	Employee	Other
C0			Director	Employee	Other
C0			Director	Employee	Other
C0			Director	Employee	Other
C0			Director	Employee	Other

Please list on a separate sheet the address of every shareholder and anyone with any interest in their shares.



## 9 NUMBER OF CLIENTS (OR BEST ESTIMATE)

Please give your best estimate of expected clients that fall within the relevant category.

Category	Number
Category A – ATOL Returns work	

## 10 PRACTICE INCOME

For this purpose, fee income excludes the re-charge of out-of-pocket expenses and value added tax. If the firm has not started trading, please give a forecast of the first year's trading figures.

Total fee income from all sources including licensed practice income £

Total licensed practice fee income – if this figure is not readily available, please provide your best estimate:

- Category A – ATOL Returns work £

Financial year ending

## 11 PROFESSIONAL INDEMNITY INSURANCE (PII)

Cover arranged with (name of participating insurer)

Limit of indemnity of insurance

Excess

**Period of cover** From to

Does the PII policy schedule, or endorsement, refer to the firm name and all trading names (if applicable)? YES NO

Does your PII policy comply with the liability cap required in CAA Guidance Note 10? YES NO

**Please confirm that you have enclosed a copy of your firm's PII policy and schedule or endorsement with this application.** YES

## 12 CONNECTED FIRMS

A connected firm is a practising firm which has one or more principals of your firm among its principals.

Firm name

ICAEW firm number **C0**

Relationship with applicant firm

Address

Postcode

Firm name

ICAEW firm number **C0**

Relationship with applicant firm

Address

Postcode

Firm name

ICAEW firm number **C0**

Relationship with applicant firm

Address

Postcode

## 13 CONTRACTUAL OR OTHER ARRANGEMENTS

Does the firm have any contractual or other arrangements with another entity that may allow that other entity to have any influence that might affect, or could be perceived as affecting, the integrity or independence of licensed work?

YES

NO

If 'Yes', please attach details of any safeguards designed to prevent such influence.

## 14 OFFICES WITHOUT A LICENSED PRACTITIONER

Is licensed work carried out from any office listed in **section 4** where there is no resident principal who is also a licensed practitioner?

YES

NO

If 'Yes', please provide details of the supervision arrangements at each of these offices.

## 15 FIT AND PROPER

If you are a sole practitioner or a sole director or a sole shareholder of a corporate practice, these questions apply to you personally as well as to the firm.

The questions relate to all principals, licensed practitioners and previous practices.

The answers will be 'Yes' or 'No', but a 'Yes' will need further explanation.

The word 'firm' used below indicates all principals and previous practices.

- If a firm has any doubts about the fit and proper status of any of its principals or employees, it should make full disclosure.
- If a firm has merged in the last 10 years, the questions relate to every constituent part of the merged firm.
- A 'Yes' answer to any of the questions on this part of the application form will not automatically result in a firm being refused a licence, but ICAEW may wish to make further enquiries before reaching a decision.
- If ICAEW finds out about any matters which a firm does not disclose, this will be viewed very seriously. It could jeopardise the firm's application or continuing registration.

### Financial integrity and reliability

In the last 10 years has the firm made any compromise or arrangement with its creditors, or otherwise failed to satisfy creditors in full?	YES	NO
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In the last 10 years has the firm been the subject of any insolvency proceedings?	YES	NO
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### Civil liabilities

In the last five years has the firm been the subject of any civil action relating to its professional or business activities which resulted in a judgement or finding against it by a court, or a settlement (other than a settlement consisting only of the dismissal by consent of a claim against it and the payment of its costs) being agreed?	YES	NO
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### Good reputation and character

**Note:** There is no need to mention offences which are spent for the purposes of the Rehabilitation of Offenders Act 1974 or similar legislation in the Republic of Ireland, or (in the case of a firm which is a sole practice) offences committed by any individual before the age of 17 (unless committed within the last 10 years) or road traffic offences that did not lead to a prison sentence.

In the last 10 years has the firm been:

- |   |     |    |
|---|-----|----|
| • convicted by a court of any criminal offence?   | YES | NO |
| • refused or restricted in the right to carry on any trade, business or profession for which a specific licence, registration or other authority is required;           | YES | NO |
| • refused entry to any professional body or trade association, or decided not to continue with an application;  | YES | NO |
| • reprimanded, warned about future conduct, disciplined or publicly criticised by any professional or regulatory body (including an unpublicised caution);              | YES | NO |
| • made the subject of a court order at the instigation of any professional or regulatory body; or   | YES | NO |
| • investigated on allegations of misconduct or malpractice in connection with its professional or business activities which resulted in a formal complaint being proved | YES | NO |
| • but no disciplinary order being made?   | YES | NO |
| Is the firm and/or principals in the firm currently undergoing any investigation or disciplinary procedures as described above?   | YES | NO |

## 16 MAINTAINING COMPETENCE

Please mark the CPD activities which licensed practitioners and staff use (and will use) regularly to maintain competence and keep up to date with the category of licensed work.

Licensed practitioners

Qualified audit staff

Other

Online learning or e-learning

In-house courses

In-house technical discussion group

Training consortium or another firm's in-house courses

ICAEW or District Society courses

Other commercial courses

Civil Aviation Authority courses and guidance

Local discussion groups

Private reading: technical papers, accountancy, journals, articles, newsletters

Access to technical library

Focused discussion with more experienced colleagues

Other (please give further details):

Will all licensed practitioners and employees involved in licensed work carry out suitable CPD and maintain individual training records?

YES

NO

Name of principal responsible for assessing the competence of staff on assignments

Name of principal responsible for ensuring that principals and staff receive relevant training

## 17 CONTROL OF LICENSED WORK

Will the firm ensure that it has appropriate arrangements to deal with the requirements of Chapter 3 of the *ICAEW Licensed Practice Handbook*?

Independence and integrity	YES	NO	Competence	YES	NO	Conduct of licensed work	YES	NO	Compliance	YES	NO
Agreement with clients	YES	NO	Record keeping	YES	NO	Complaints resolution	YES	NO			

If 'No', please explain how the requirements of chapter 3 will be dealt with.

## 18 SIGNATURE AND CONFIRMATION

a. I certify that, to the best of my knowledge and belief, the information in, or provided with, this application is a true and accurate statement of the firm's circumstances.

b. I confirm that:

- the main business of the firm covered by this application is the practice of the accountancy profession;
- this firm has professional indemnity insurance as required by the PII regulations, and CAA;
- I have taken steps to ensure that all principals and employees involved in ATOL return work are fit and proper persons; and
- the composition of the firm is in accordance with the ICAEW Licensed Practice Handbook.

c. If this application is approved, I also confirm that:

- this firm will comply with the *ICAEW Licensed Practice Handbook* at all times;
- this firm will deal with ICAEW in an open and cooperative manner and inform ICAEW promptly about anything concerning the firm as required by the handbook;
- none of ICAEW, its officers, staff, members of its Council or a monitoring unit or the committees or staff of the disciplinary scheme, can be held liable in damages for anything done or not done in dealing with any of the functions connected with the handbook or enforcing any of its terms or the monitoring of compliance with the handbook in any respect, unless the act or omission is shown to have been in bad faith;
- ICAEW and its agents may make enquiries of or about the firm as ICAEW, or its agents, deem necessary and may disclose information about the firm as set out in the handbook;
- ICAEW may publish, in such a manner as it may determine, information about the firm's licence; and
- this firm will not hold itself out to be a licensed practice unless I have received confirmation in writing that the application has been successful.

Signature of contact principal

Name

Date

I have attached a total of additional sheets

## 19 REGISTRATION FEE (IF APPLICABLE)

Please see the fee scale at [icaew.com/regulatoryfees](https://icaew.com/regulatoryfees)

The fee is calculated by reference to the number of licensed practitioner individuals and the number of offices where different procedures, manuals or systems are used to perform the licensed work.

Please email [regulatorysupport@icaew.com](mailto:regulatorysupport@icaew.com) and we will contact you by phone to take any payments that are due.

## 20 CHECKLIST

Before you return the completed application form, please:

make sure that you have completed all questions;

enclose a copy of the firm's PII policy schedule and your insurer's details;

enclose a copy of the firm's letterhead;

include any additional sheets with the form;

sign and date the form;

keep a copy of this form for your records; and

send it to the address below or by email to [regulatory.support@icaew.com](mailto:regulatory.support@icaew.com)

Please note, if you are submitting a scanned copy of this application form, please also send us an electronic copy to allow us to scroll through any text you have added to this form.

**Now return your signed and completed form with any additional sheets to:**

Regulatory Support  
ICAEW, Metropolitan House  
321 Avebury Boulevard  
Milton Keynes  
MK9 2FZ  
UK

We will send you an acknowledgement as soon as we receive your application.



### USING YOUR PERSONAL INFORMATION

We will treat your personal information in accordance with data protection legislation. We will use your information to carry out our responsibilities as a regulator and as a professional body. We may, either as required by law or to carry out those responsibilities, share your personal information to comply with the requirements of government departments, agencies and regulators. Where necessary we may transfer your information outside the UK or European Economic Area (EEA) eg, to one of our offices. These countries may not have similar data protection laws to the UK so, if we do transfer your information, we will take the necessary steps to ensure that your privacy rights are still protected. For more information about our data protection policy, please go to [icaew.com/dataprotection](https://icaew.com/dataprotection)