Request for transfer to the register of retired members

In accordance with the provisions of bye-law 2 (d)(vi) and Chartered Certified Accountants' Membership Regulation 1996 4(6), I hereby apply for transfer to the register of retired members.

Name _____ Membership no. ☐☐☐☐☐☐☐

Address _____

_____

_____ Postcode _____

Date of birth _____ Date of admission to membership _____ Date of retirement _____

Is your retirement permanent? ☐ Yes ☐ No

Do you hold a practising certificate or insolvency licence? ☐ Yes ☐ No

Have you ever been removed from the AAPA membership register? ☐ Yes ☐ No If Yes, please indicate dates _____

I confirm that my retirement is permanent and that I will NOT be in receipt of income from employment, or services provided, as an accountant. I will notify AAPA if I recommence paid employment as an accountant, whether full-time or part-time, and will, if required, re-join the register of active members.

I acknowledge that I am not entitled to hold a non-statutory practising certificate whilst on the register of retired members and will apply to re-join the register of active members before seeking to make an application for a non-statutory practising certificate.

I acknowledge that any district or members' network enrolments will be cancelled, unless I make a separate written application for these to continue.

I acknowledge that the mailing services which I will receive from AAPA whilst on the retired list will be limited to a copy of the Annual Report and Notice of the Annual General Meeting, unless I make separate written application to also receive copies of ACCA's magazine *Accounting and Business*.

I will continue to observe and abide by the bye-laws, and regulations made thereunder, of ACCA and AAPA whilst on the register of retired members and will notify AAPA promptly of any change of address.

Signature _____ Date _____

Please return this form with your payment document or credit/debit card details.

☐ I wish to pay by cheque/bank draft and enclose a cheque/draft number _____

☐ I wish to pay by credit/debit card

Name of cardholder (if different from above) _____

Please charge £197 to my ☐ MasterCard ☐ Visa ☐ American Express ☐ Maestro ☐ Solo

Card no. ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Start date ☐☐☐☐ Expiry date ☐☐☐☐ Issue no. (if applicable) ☐☐

Signature of cardholder _____ Date _____

If you do not meet the minimum requirements for transfer to the retired list, please enclose a letter setting out the basis of your application to Council for discretionary transfer.

PLEASE RETURN THIS FORM, WITH YOUR REMITTANCE TO:

Operational Delivery ACCA 2 Central Quay 89 Hydepark Street Glasgow G3 8BW United Kingdom
tel: +44 (0)141 582 2000 fax: +44 (0)141 582 2222 www.aapa.com

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