### Sixth rev DRAFT (13 March 2023)

## ACCOUNTANTS ACT 2010 (No 7 of 2010)

In exercise of the powers conferred by sections 14, 18 and 19 of the Accountants Act, the Council hereby makes the following Rules

#### 1. Citation

These Rules may be cited as the Accountants (**Membership Application and Fees**) Rules 2023

### 2. Application

These Rules apply to all categories of members of the Institute and classes of persons eligible to apply for membership in a category of membership in accordance with section 18 of the Act.

### 3. Approved Application Forms

- (1) Any person who is qualified to apply for membership in accordance with rule 2, must fill the approved membership Application Form issued by the Council.
- (2) The Membership Application Form is set out in **Schedule 1 Part A or Part B**.

### 4. Eligibility to Apply

The criteria to qualify for membership and minimum requirements for eligibility for membership are set out in **Schedule 2**.

#### 5. **Grant of Membership**

- (1) The duly filled application form must be forwarded to the Secretariat for submission to the Council.
- (2) Where the Council is satisfied that the applicant meets the eligibility criteria as specified under section 18 of the Act and Schedule 2, the Council shall grant membership of the applicant in accordance with section 19 of the Act, stating the category of membership.
- (3) The Certificate approved and granted by the Council shall be valid for a period of one year and ceases to have effect on 31st December of that year.
- (4) The Membership Certificate as set out in **Schedule 3** shall state -
  - (a) The name of the person

- (b) The category of membership;
- (c) Admission or renewal date; and
- (d) Bear the signatures of the President and Secretary.

# 6. Payment of Fees

Application, Membership and Renewal of Membership fees shall be as stated in **Schedule 4** 

### **SCHEDULE 1**

(Section 20 and rule 3 (1))

### MEMBERSHIP/RENEWALS OF MEMBERSHIP APPROVED APPLICATION FORM

## PART A

#### **MEMBERSHIP APPLICATION FORM**

Please complete and return this application form with the required fee to the Institute of Solomon				
Islands Accountants (ISIA). Please print clearly in BLOCK LETTERS.				
FORM COMPLETION GUI	DELINES			
Certified Practicing Accou	ıntants (CPA) Applicaı	nts Com	plete ALL Sections	
Technician Accountants /	Book-keeper applican	ts Com	plete ALL Sections	
Associate Member applic	ants	Com	plete ALL Sections	
Section 1 – Type of Appli	cant			
Please select one of the	following.			
□ New Applicant (if you are applying for the first time)				
☐ Current Member (curre	nt member applying	for upgrade of membe	ership status)	
□ Re-applying Member (de-registered member applying for membership)				
Please select one of the following categories:				
□ CPA Member		☐ Associated Membe	r	
Section 2 – Personal Details				
(Please state your name as stated in your Birth Certificate)				
Title:   Mr	□ Mrs	_ n	Ms	
Surname:		First Name:		

Mic	ldle Name:	!	Date of birth:	
Sec	Section 3 – Contact Details			
(Ple	ease provide a preferred a	nd an alternative email ad	ldress to assist commur	nications if a job change
осс	urs)			
a)	Residential address:			
b)	Postal address:			
c)	Business address:			
	(If a Partner at a CPA Firm	n, please state name of Fir	m)	
d) F	Phone contact: Business:		Mobile:	
d)	Email (preferred):		Email (alternative):	:
f) S	tatus in Solomon Islands (	please tick one box and pr	rovide evidence)	
	Solomon Islands Citizen	□ Residen	nt of Solomon Islands	☐ Work permit holder
	tion 4 – Employment Hist ach a current Curriculum	tory (please attach addition Vitae as required.	onal pages if more space	e is required). Please
Cur	rent Employment:			
Em	ployer Name:			
Em	ployer Address:			
City	<i>r</i> :	Postal Address:	Count	try:
Pos	ition title:			
Em	ployment type:	□ Full time	□ Part-tir	ne
Dur	ration of employment:			
Firr	n type:   Public Practice	Industry & Commerce 🗆	Public Sector   Education	on & Training □ Other
(ple	ease specify			
Previous Employment 1:				
Em	ployer Name:			
Em	ployer Address:			
City: Postal Address: Country:				
Pos	ition title:			
Em	ployment type:	□ Full time	□ Part-t	time
Duration of employment				
Firm type:  ☐ Public Practice ☐ Industry & Commerce ☐ Public Sector ☐ Education & Training ☐ Other				
(ple	ease specify)			

Durania de Francia de Caracteria de Caracter			
Previous Employment 2:			
Employer Name:			
Employer Address:			
City: P	ostal Address:	C	Country:
Position title			
Employment type:	□ Full time		Part-time
Duration of employment:			
Firm type: □ Public Practice	e □ Industry & Comme	rce 🗆 Public Sect	or □ Education & Training □ Other
(please specify)			
Section 5 – Qualifications (	please attach additio	nal pages if more	e space is required
Please list the details of you	ur tertiary qualification	ns and attach cer	tified copies (originally stamped) of
Diploma, Degree and Postg	raduate certificates ar	nd full, final acad	emic transcripts
a) Qualification Attained:			
Tertiary Institution:			
Date completed:			
b) Qualification Attained:			
Tertiary Institution:			
Date completed:			
Section 6- Membership of	Other Accounting Pro	ofessional Associ	ations
Please complete if you are	a member of any othe	er accounting pro	fessional associations (please attach
additional pages if more sp	ace is required) Please	e also provide a le	etter of member in good standing from
an association which is a re	cognised body approv	ed by the ISIA.	
a) Association 1:			
Date admitted:			
Is membership current?	□ Yes	5	□ No
b) Association 2:			
Date admitted:			
Is the membership current?	? □ Ye	S	□No
Section 7– References			
Please provide names of th	ree (2) persons, not re	elatives, whom th	ne Council may ask for professional and
•	• • •	•	icant's present employer or, if not
			ST NOT relate to the applicant's present
employment.	- 1 - 1 - 1 - 1 - 1 - 1		
Referee 1:			
Name:	Posi	tion:	

Organisation:
Contact details: Mobile: Email Address:
Referee 2:
Name: Position:
Organisation:
Contact details: Mobile: Email Address:
Section 8 – Declaration by Applicant
If you answer "YES" to any of the following questions, please attach details).
a) Have you ever been convicted of any criminal offence in Solomon Islands or and elsewhere?
□ Yes □ No
b) Have you ever been subject to disciplinary action by a statutory, regulatory, professional, or other
body in Solomon Islands or and elsewhere? ☐ Yes ☐ No
c) Have you ever been declared bankrupt in Solomon Islands or and elsewhere?   Pes   No
d) Is there any other information you wish to submit to support this application?   Yes   No If Yes,
please attach
Section 9 – Application Fee
Application fee – Refer to Schedule 4
Section 10 – Membership Subscription – Refer to Schedule 4
Please select the applicable category:
□ Certified Practicing Accountant □ Technician Member
□ Associate Member
This application will not be completely processed if the application fee and membership subscription are not paid in full.
Section 11 – Mode of Payment (please select one of the following)
1. □ Cheque: Enclosed with this application form is a cheque for the sum of the application fee (as per Section 10) and membership subscription Section 11)
2.   Electronic Payment: Payment must be made directly to the Institute Solomon Islands of Accountants  hank assount: ANZ Pank, Assount # 45.815.81. Places include your name in the payretion and attach
bank account – ANZ Bank, Account # 4581581. Please include your name in the narration and attach you're the bank transaction confirmation (subject to verification).
3. □ Cash Payment: Payment must be made at the Institute of Solomon Islands Accountants office
Section 12 – Documentary Requirements/Checklist
Please refer to "Application Checklist" and tick the relevant checklist applicable for this application.
Section 13 – Submitting your application form
Send this completed form to: The Chief Executive Officer, Institute of Solomon Islands Accountants, P.O. Box 1581, Honjara, Solomon Islands

application is true and correct.

Signature:

If you have any queries: email: <a href="mailto:secretariat@isia.org.sb">secretariat@isia.org.sb</a> or <a href="mailto:membership@isia.org.sb">membership@isia.org.sb</a> Phone: +677 20131 Section 15 - Consents & Declaration 1. Observance of Accountants Acts 2010, ISIA Rules and Regulations, and ISIA Code of Ethics hereby undertake that, if registered as a Member, I will be bound by the provisions of the Accountants Acts 2010, the ISIA Rules that are now in force or may hereafter from time to time be made pursuant to the Act, and the ISIA Code of Ethics now in force or amended from time to time by the ISIA Council. Signature: **Date** 2. Consent to Disclose to Third Parties agree and consent that the information provided in this form can be used for verification with third parties by the ISIA. Signature: Date: 3. Declaration hereby declare that all the information provided in this

Date:

# PART B

### MEMBERSHIP APPROVED APPLICATION FORM FOR STUDENT MEMBER

Please complete **ALL** the sections (1-8) below and return the application with the payments to the Institute of Solomon Islands Accountant (ISIA). **Please print clearly in BLOCK LETTERS.** 

Section 1 – Personal Details (Please state your name as per your Birth Certificate or, provide a certified original					
copies of valid identification documents – Passport and/ or Drivers Licence)					
Title	e: DMr	☐ Mrs	□ Miss		
Sur	name:				
Firs	t Name:		Middle	e Name:	
Dat	e of Birth:		Stude	nt Identification	No.
Sec	tion 2 – Contact Deta	ils (Please provide l	both email addresse	s student and p	ersonal)
	a) Residential conta	act details			
Stre	eet Address:			City:	
Pro	vince:			Country:	
Pho	ne (Business):			Mobile:	
Pos	tal Address:				
Ema	ail (preferred):			Email (alterna	tive)
Section 3 – Academic study (please provide a letter of acceptance from relevant Tertiary Institution)					
a)	Program of Study	□ Certificate	□ Diploma	□ Degree	□ Post-Graduate
b)	Course of Study				
Section 4 – References					
Please provide names of two (2) persons, non-relatives, whom the Council may ask for reference as to personal					
character. One person <b>MUST</b> be a lecturer at the Tertiary institution that you are currently enrolled in. Second					
person <b>MUST</b> be a personal reference NOT related to the applicant.					
Nar	Name of Reference 1:				

Profession:	Position:		
Organisation:			
Contact details: Mobile:	Email Address:		
Name of Reference 2:			
Profession:	Position:		
Organisation:			
Contact details: Mobile:	Email Address:		
Section 5 – Payment			
Refer Schedule 4 for applicable fees (Application Fe	ee and Membership Fee)		
Section 6 – Mode of payment (please tick one of t	the following modes of payment)		
1.   Bank Cheque: Enclosed with this application Section 10) and membership subscription Section Section 10	n form is a cheque for the sum of the application fee (as per ion 11)		
<ol> <li>□ Electronic payments: Payment must be made directly to the Institute of Solomon Islands Accountants bank accounts – ANZ Bank, Account # 4581581. Please include your name in the narration and attach the bank transaction confirmation (subject to verification).</li> </ol>			
3. ☐ Cash Payment: Payment must be made at the Institute of Solomon islands Accountants Office.			
Section 7- Submitting your application form			
Send the complete form to: The Chief Exec	cutive Officer, Institute of Solomon Islands Accountants, P.O Box		
1581			
Honiara, Solomon Islands			
For any queries: Email: secretariat@isia.or	rg.sb or membership@isia.org.sb Phone: +677 <b>20131</b>		
Section 8: Consents & Declaration			
1. Observation of Accountant Acts, ISIA Rules ar	nd Regulations, and Code of Ethics		
I hereby undertak	te that, if registered as a Student Member. I will be bound by the		
provision of the Act, the Rules that are now in force	e or may hereafter from time to time to be made pursuant to		
the Act, and the regulations now in force or amend	ded from time to time by the Council.		
Signature:	Date:		
2. Consent to Disclosure to Third Parties			
I agree and consent that the information provided in this form can be used by the Institute to be verified with the Third parties.			

Signature:	Date:
3. Declaration	
1	hereby declare that all the information provided in this application is true
and correct.	
Signature:	Date:
	<del></del>

#### **SCHEDULE 2**

(Sections 19 and 20 and Rule 4)

#### **INSTITUTE MEMBERSHIP:**

### **Overview of membership classes**

1. The Institute is made up of four categories of membership:

Certified Practising Accountant Members

1.1. Members who have met educational and work experience criteria to be full members of the Institute and are classified as Certified Practicing Accountants

Associate Members

1.2. Members who have met educational requirements but who are yet still to meet work experience criteria before they can become full members and are classified as Associate Members

Technician Members

1.3. Members who have the relevant minimum qualification but who provide only limited accountancy services to the public are classified as Technician Members

Student Members

1.4. Members who are studying to become accountants or have an interest in accountancy but not wishing to become accountants and are classified as Student Members.

## **Certified Practicing Accountant Members**

The current practice of differentiating between International Certified Practicing Accountants' and Solomon Islands Certified Practicing Accountants' shall cease from 31

December 2021, and all practicing accountants will be known as Certified Practicing Accountants" from 1 January 2022.

#### **Educational Qualifications**

- All certified practicing accountants shall hold a relevant qualification in accountancy of a minimum of a three year bachelor degree awarded by an educational institute whose courses meet the education standards issued by the International Accounting Education Standards Board (IAESB)
- 4. All currently certified practicing accountants who hold a degree awarded by an educational institute that does not comply with the standards issued by the IAESB will be required to complete additional professional development courses to meet those requirements.

Work Experience

5. All certified practicing accountants shall have completed at least three years relevant work experience which covers the essential elements of accountancy that will be called to perform for their clients.

Compulsory continuing professional development activities

All certified practicing accountants will complete at least 20 hours of formal professional development activities each year provided by the Institute or other organisations qualified to provide courses to international standard.

#### **Associate Members**

7. Members who have attained the educational qualifications of certified practicing members but do not have three years of relevant work experience shall be awarded membership as an Associate.

#### **Technician Members**

- 8. Technician Accountants shall comprise registered members who only provide limited accountancy services to the public.
- Technician Accountant Members may be registered as Book Keepers but do not have the authority to sign off on accounts which have been prepared for use by reporting entities to users outside of those entities.

#### **Educational Qualifications**

- All registered technician accountants shall hold a relevant qualification of a minimum of Certificate IV in accountancy awarded by an educational institute whose courses meet the education standards issued by the International Accounting Education Standards Board (IAESB) a minimum of Certificate IV.
- All currently registered book-keepers who hold a qualification awarded by an educational institute that does not comply with the standards issued by the IAESB will be required to complete additional professional development courses to meet those requirements.

Work experience

12. All registered technician accountants shall have completed at least three years relevant work experience with cover the essential elements of technical accountancy services that they will be called to perform for their clients.

Compulsory continuing professional development activities

13. All registered technician accountants will complete at least 20 hours of formal professional development activities each year provided by the Institute or other organisations qualified to provide courses to international standard.

#### **Student Members**

- 14. Any person undertaking a course at an educational institute which includes a major in accountancy may apply to become a Student member of the institute.
- 15. Student members have the right to access professional development courses provided by the Institute at member's admission rates.

## **SCHEDULE 3**

(Section 20 and Rule 5 (4))

## **CERTIFICATE OF MEMBERSHIP**

THIS IS TO CERTIFY THAT			
IS AMEMBER			
OF THE			
INSTITUTE			
OF			
SOLOMON ISLANDS ACCOUNTANTS			
FOR THE YEAR ENDING 31 DECEMBER 20			
DATEDDAY OF 20			
[Membership Number]			
President Secretary			

## **SCHEDULE 4**

(Section 14 and Rule 6)

# **FEES**

- 1. Application Fee \$100.00
- 2. Membership and renewal Membership fees-

(a) Certified Practising Accountant	\$1,000.00
(b) Associate -	\$500.00
(c) Technician-	\$500.00
(d) Student-	\$100.00

Made the	day of	2023
Signature		
	President	
Signature		
	Secretary	