

Application members in practice



A Introductory notes

Before completing this application form please read the *Guidelines and Regulations for Members in Practice*.

If you have any questions or would like help in completing your application please contact the Members In Practice Team on 020 7415 7695 or e-mail membersinpractice@aat.org.uk or fax 020 7430 7790.

B Personal details

Please complete this section providing the following details:

AAT membership number	<input type="text"/>	MAAT	<input type="checkbox"/>	FMAAT	<input type="checkbox"/>
Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>
Surname/family name	<input type="text"/>				
Forename(s)	<input type="text"/>				
Address	<input type="text"/>				
Town	<input type="text"/>				
County	<input type="text"/>				
Postcode	<input type="text"/>				
Country	<input type="text"/>				
Daytime telephone number	<input type="text"/>				

C Categories of exemption

Please confirm on which basis you are claiming exemption by ticking the relevant box

- I provide services only as a subcontractor to another accountant and I hold written confirmation from the accountant that I am covered on the accountants professional indemnity insurance.
Please state the number of accountants you provide services to, and provide evidence of this cover from each of the accountants concerned.
- I provide services on an unpaid basis and any benefit received is reimbursement of genuine expenses only.
- I would like the Licensing Panel to consider whether the services I provide fall outside the scope of the AAT's regulations for members in practice. I've given full details of the services I provide on a separate enclosed sheet.
- I am a member of a CCAB body who authorises me to provide and regulates me in the provision of the services I provide.

Please complete the following and enclose a copy of your practising certificate if applicable:

Name of CCAB body	<input type="text"/>
Membership number	<input type="text"/>

D Declaration

I declare that the whole of the information contained in this application form is true and complete to the best of my knowledge and belief. I undertake to advise the AAT of any changes to my business activities which may require me to join the scheme for members in practice. I acknowledge that any statement contained which is known by me to be false will invalidate this application and any decision reached thereon by the AAT's Council and may make me liable to disciplinary action under the AAT's Disciplinary Code.

Signed

Date

Thank you for completing this form. Please return it to:

The Members' Services Section
Association of Accounting Technicians
154 Clerkenwell Road
London EC1R 5AD

application

MIF0904



INVESTOR IN PEOPLE

Association of Accounting Technicians
154 Clerkenwell Road London EC1R 5AD Tel: +44 (0)20 7415 7600 Fax: +44 (0)20 7430 7790
E-mail: membersservices@aat.org.uk Website: www.aat.org.uk
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AAT - together we count