

REGISTERED ATOL REPORTING ACCOUNTANT FIRM APPLICATION FORM

Notes on completing the application form

This form is used when a firm wishes to apply for ATOL Reporting Accountant registration:

- 1. Guidance notes are given at the back of the form. General guidance throughout the form is in italics.
- 2. If there is inadequate space for an answer, please attach additional sheets to your application either via email or by post.
- 3. References made to the "regulations" refer to the ICAS ATOL Reporting Accountant Regulations.
- **4.** If you have any questions concerning your application please contact us at regulatoryauthorisations@icas.com.
- **5.** The following forms need to be completed:
 - This application form; and
 - An ATOL Reporting Accountants (ARA) Application Form (Section 1 to be completed by the firm, Section 2 by each ARA applicant).
- **6.** If your firm:
 - has principals who are not:
 - o members of one of the three Institutes of Chartered Accountants:
 - members of the Association of Chartered Certified Accountants;
 - o members of the Association of Accounting Technicians;
 - these principals will require to become ICAS Affiliates.
 - has ARA applicants (whether principals or employees) who are not members of an Approved Professional Body signed up to the ATOL Licensing scheme (i.e. ICAS, ICAEW, ACCA or AAT) these persons will require to become ICAS Affiliates.

You will also need to complete an Affiliate application for each Affiliate applicant.

Please email the completed form, and any attachments, to regulatoryauthorisations@icas.com or post to: Regulatory Authorisations

ICĂS

CA House

21 Haymarket Yards

Edinburgh, EH12 5BH

Data Protection

The personal data requested in this form is being collected to allow ICAS to fulfil its legitimate interests as a professional body and regulatory of accountants. It is also required for the performance of tasks which are carried out in the public interest. It will be shared only so far as required to meet these purposes. ICAS is fully committed to handling personal data in accordance with data protection legislation and best data protection practices. Please review our privacy notice for more information: https://www.icas.com/privacy

| Firm Name: | | | |
|--|------------------------|---|------------|
| Firm Number (if known): | | | |
| (Please tick the category which b | est describes the firm | n) | |
| New firm | | Firm change in legal status* | |
| | | | |
| Firm resulting from merger* | П | Existing firm | |
| 3 | _ | J | _ |
| Fine we discuss the selections | | | |
| Firm resulting from dissolution* | Ш | Change of firm name | |
| | | | |
| Re-application* | | | |
| * Please provide full details helow or | on an additional shoot | . In the case of a merger please supply the name | a and ICAS |
| | | . In the case of a merger please supply the name plain any change in legal status (e.g. partnership | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| O Town of Burnellan | | | |
| 2. Type of Practice | | | |
| | | (Please tid | k one) |
| Sole Practice | | Partnership | |
| | . | 0 | , |
| Limited Liability Partnership (LLP |) | Corporate Practice (Itd compan | y) |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 3. Details of ATOL Conf | tact Principal | | |

1.

Firm Details

| Address (including postcode): Telephone No. E-mail address: 4. Principal Office The office to which all communications related to ATOL registration will be sent by ICAS and ICAS Monitoring. Key contact: Address: Telephone: Email address: Website: Company, Number (if applicable) Have you provided a copy of the firm's proposed letterhead? (Please tick) Have you provided be listed. "Market day offices" are offices which are used only for meetings, at which no staff are located an no records are maintained. For billing purposes, ICAS will disregard "market day offices". Please use additional sheets if the firm has more than five additional offices. Number of additional sheets Office Number Office Address Telephone No. Authorised training office? Office? | ATOL Contact F | Princi | pal: | | | | | |
|---|--------------------------------------|---------|--|--------------|-----------------------|------------------|------------------------------------|-------------------------------------|
| 4. Principal Office The office to which all communications related to ATOL registration will be sent by ICAS and ICAS Monitoring. Key contact: Address: Telephone: Email address: Company Number (if applicable) Have you provided a copy of the firm's proposed letterhead? (Please tick) 5. Offices All offices should be listed. "Market day offices" are offices which are used only for meetings, at which no staff are located an no records are maintained. For billing purposes, ICAS will disregard "market day offices". Please use additional sheets if the firm has more than five additional offices. Number of additional sheets Office Number Office Address Telephone No. Authorised training Market day office? | Address (includi | ing p | ostcode): | | | | | |
| The office to which all communications related to ATOL registration will be sent by ICAS and ICAS Monitoring. Key contact: Address: Telephone: Email address: Company Number (if applicable) Have you provided a copy of the firm's proposed letterhead? (Please tick) 5. Offices All offices should be listed. "Market day offices" are offices which are used only for meetings, at which no staff are located an no records are maintained. For billing purposes, ICAS will disregard "market day offices". Please use additional sheets if the firm has more than five additional offices. Number of additional sheets Office Number Office Address Telephone No. Authorised training office? | Telephone No. | | | | | | | |
| Telephone: Email address: Company Number (if applicable) Have you provided a copy of the firm's proposed letterhead? (Please tick) 5. Offices All offices should be listed. "Market day offices" are offices which are used only for meetings, at which no staff are located an no records are maintained. For billing purposes, ICAS will disregard "market day offices". Please use additional sheets if the firm has more than five additional offices. Number of additional sheets Office Number Office Address Telephone No. Authorised day office? | | | | | | | | |
| Address: Telephone: Email address: Website: Company Number (if applicable) Have you provided a copy of the firm's proposed letterhead? (Please tick) 5. Offices All offices should be listed. "Market day offices" are offices which are used only for meetings, at which no staff are located an no records are maintained. For billing purposes, ICAS will disregard "market day offices". Please use additional sheets if the firm has more than five additional offices. Number of additional sheets Office Number Office Address Telephone No. Authorised training Market day office? | | | | gistration w | ill be sent by ICAS a | and IC | AS Monitoring. | |
| Telephone: Email address: Company Number (if applicable) Have you provided a copy of the firm's proposed letterhead? (Please tick) 5. Offices All offices should be listed. "Market day offices" are offices which are used only for meetings, at which no staff are located an no records are maintained. For billing purposes, ICAS will disregard "market day offices". Please use additional sheets if the firm has more than five additional offices. Number of additional sheets Office Number Office Address Telephone No. Authorised training Market day office? | Key contact: | | | | | | | |
| Website: Company Number (if applicable) Have you provided a copy of the firm's proposed letterhead? (Please tick) 5. Offices All offices should be listed. "Market day offices" are offices which are used only for meetings, at which no staff are located an no records are maintained. For billing purposes, ICAS will disregard "market day offices". Please use additional sheets if the firm has more than five additional offices. Number of additional sheets Office Number Office Address Telephone No. Authorised training Market day office? | Address: | | | | | | | |
| Have you provided a copy of the firm's proposed letterhead? (Please tick) 5. Offices All offices should be listed. "Market day offices" are offices which are used only for meetings, at which no staff are located an no records are maintained. For billing purposes, ICAS will disregard "market day offices". Please use additional sheets if the firm has more than five additional offices. Number of additional sheets Office Number Office Address Telephone No. Authorised training office? | Telephone: | | | E | Email address: | | | |
| 5. Offices All offices should be listed. "Market day offices" are offices which are used only for meetings, at which no staff are located an no records are maintained. For billing purposes, ICAS will disregard "market day offices". Please use additional sheets if the firm has more than five additional offices. Number of additional sheets Office Number Office Address Telephone No. Authorised training office? | Website: | | | 1 | Number | | | |
| All offices should be listed. "Market day offices" are offices which are used only for meetings, at which no staff are located an no records are maintained. For billing purposes, ICAS will disregard "market day offices". Please use additional sheets if the firm has more than five additional offices. Number of additional sheets Office Number Office Address Telephone No. Authorised Market day office? | Have you provid | led a | copy of the firm's proposed lette | erhead? (F | Please tick) | | | |
| training office? | All offices should no records are ma | aintaiı | ned. For billing purposes, ICAS will d | disregard "r | market day offices". | ngs, at Pleas | which no staff se use additiona | are located and al sheets if the |
| | Office Number | Offi | ice Address | - | Telephone No. | | training | Market day office? |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| 6. Regulation and Supervi | sion | | | |
|---|-----------------------------|--------------------------|-------------|----------|
| ATOL Registration | | | | |
| Has the firm ever applied to an Appr Reporting Accountant or designated another Approved Professional Body If Yes", please provide the following | as an ATOL Reporting Act /? | | Yes | |
| Name of Approved Professional Boo | y: | | | |
| Registration number (if any): | Curren | registration: Yes | No 🗌 | |
| Period of registration | From: | To: | | |
| Audit | | | | |
| Is the firm audit registered? | | | | |
| Yes □ No □ | If "Yes", which body: IC | 4S 🗆 | ICAEW | |
| | AC | CA 🗆 | ICAI | |
| | Otl | er (please specify) | | |
| Investment Business | | | | |
| Is the firm licensed to carry on invest | ment business under the D | esignated Professional E | Body arrang | gements? |
| Yes ☐ No ☐ | If "Yes", which body: IC | <i>\s</i> | ICAEW | |
| | A | CA 🗆 | ICAI | |
| | | ner (please specify) | | |
| Is the firm authorised to carry on inve | estment business by the Fi | ancial Conduct Authority | y? | |
| Yes ☐ No ☐ | | | | |

| Member No. (<i>if known</i>) & Membership Body | Full Name | Office | Date of birth (dd/mm/yyyy) | RI Yes /No | PC Held Yes /No | ATOL Reporting Accountan Yes/No |
|--|---|---|-------------------------------|------------------|-----------------------|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | ATOL Reporting sheets if necessary. No | Accountants umber of additional shee | ts | | | |
| Member No (<i>if known</i>) & Membership Body | Full Name | Office | Date of (dd/mn | | RI Yes/ No | PC Held Yes/ No |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Fee income for this pur | rpose excludes the re-c | harge of out of pocket ex | | | | |
| Fee income for this pur trading, please give a f | rpose excludes the re-ca forecast of the first year | harge of out of pocket exist rading figures. Otherv | | | | |
| Fee income for this pur trading, please give a f Your firm's financial y | rpose excludes the re-coordinate of the first year year end (mm/yy) | | vise, please provide | | | |

Principals – Sole Practitioner/Partner/Director of Limited Company/LLP Member

7.

| | Professional In e eligible for registration red to cover the Liability | n a firm must h | have in place | e professional indemnity | ' insui | rance or other appropriate | arrangements as |
|---------------------------------------|---|---|---|--|-------------------|--|----------------------|
| | Have you enclosed a copy of your firm's Professional Indemnity Insurance policy schedule with this application? | | | | | | |
| Cove | er arranged with (nam | ne of insurer |): | | | | |
| Perio | od of cover: | From (dd/m | nm/yy) | | to (| (dd/mm/yy) | |
| Yes | s the firm have appro No se detail for each AT | (Please | e tick one) | | the li | iability cap requirement | s? |
| Clie | ent Details <i>(can be ar</i> | nonymised) | 15% of P | Public Revenue Licence | e | Value of ATOL Bond | |
| | | | | | | | |
| | | | | | | | |
| You | can alternatively pro | vide this info | rmation as | s an additional sheet w | /ith y | our application. | |
| by refe The le of actu Guida | erence to the ATOL hold evel of cap will generally ual ATOL bond, whichev ance Note 10. | der's licensable be calculated by ver is the greate | e revenue lim based on 15 er. The liabili | nit or bond. 5% of the Public Revenue | Liceno ut (and | PII) cover in excess of the lance Limit permitted under the d summarised in the table) in the lance. | e ATOL, or the value |
| 11. | NUMBER OF AT | OL CLIEN | ΓS (or be | st estimates therec | of) | | |
| 1 | Standard ATOL ≥ £ | 25m revenue | | | | | |
| 2 | Standard ATOL ≤ £5m revenue | | | | | | |
| 3 | Small Business AT | OL < 500 pa | ssengers : | ≤ £1m revenue | | | |
| 4 | ATOL to ATOL sale | es only | | | | | |
| 5 | Franchise member | ATOL holde | r > 1000 p | assengers | | | |
| 6 | Franchise member ATOL holder < 1000 passengers | | | | | | |

12. Fit and Proper

A sole practitioner or a sole director or a sole shareholder of a corporate practice should answer these questions in a personal capacity as well as for the firm. Where the word "firm" is used below it refers to all principals and previous practices. The questions should be answered "Yes" or "No", but a "Yes" answer will need further explanation.

(Please tick one)

| Financial Integrity and Reliability | YES | NO |
|---|-------|----|
| In the last ten years, has the firm or any principal of the firm or any shareholder made any compromise or arrangement with its creditors, or otherwise failed to satisfy creditors in full? | | |
| Civil Liabilities | | |
| In the last five years has the firm or any principal of the firm or any shareholder been the subject of any civil action relating to its professional or business activities which resulted in a finding against it by a court, or a settlement being agreed? | | |
| Good Reputation and Character | | |
| In the last ten years, has the firm or any principal of the firm or any shareholder to | peen: | I |
| Refused/restricted from carrying on any trade, business or profession for which a specific licence, registration or other authority is required? | | |
| Refused entry to any professional body or trade association, or decided not to continue with an application? | | |
| Reprimanded, warned about conduct, disciplined, or publicly criticised by any professional or regulatory body? | | |
| Made the subject of a court order at the instigation of any professional or regulatory body? | | |
| Investigated on allegations of misconduct or malpractice in connection with its professional or business activities which resulted in a formal complaint being proved but no disciplinary order being made? | | |

| 13. Control of ATOL Work Registered Firms and ATOL Reporting Accountants sha | all ensure | e that the Registered Firm maintains appropriate firm-w | ride policies |
|--|---|--|---|
| Please confirm that the firm will ensure that it has | appropr | iate policies and procedures to deal with (please | tick each): |
| | Yes | | Yes |
| Fit and proper, independence and confidentiality & ethical compliance, including annual declarations | | Ensuring ARAs and ATOL staff maintain ATOL competence & maintain CPD records | |
| Compliance with legislation, Guidance Note 10, code of practice or guidance, whether ethical or technical, including appropriate ATOL ARA work programmes | | Annual Compliance Reviews: including cold file reviews and whole firm review. At least once every three years, a Registered Firm should use an Independent Reviewer to conduct a sample of Cold File Reviews | |
| Client acceptance, continuance, anti- money laundering & bribery act compliance | | Complaints handling and PII compliance including ensuring PII cover is in excess of the liability cap | |
| ARA review & control of all engagements | | Consultation arrangements and hot file review arrangements where necessary | |
| Whistleblowing arrangements | | Annual returns to ICAS and notification of changes | |
| 14. Confirmations & Declarations | | | |
| I confirm that this firm has professional indemnity required by Guidance Note 10, which are in exces clients | | | |
| I confirm the firm meets the eligibility requirements Regulations. I confirm that we/I have taken steps of ATOL work are fit and proper and competent persons. | to ensur | | |
| Should this application be approved: | | | |
| (1) I undertake that this firm agrees to be bound times comply with the ICAS ATOL Reporting | | ICAS ATOL Reporting Accountant Regulations ant Regulations; and | and will at all |
| | orm ICA | an open and cooperative manner, will comply S promptly about anything concerning the firm t | |
| (3) I undertake that none of ICAS, its officers, st of the Public Disciplinary Scheme can be he of the functions connected with the granti registration or the monitoring of compliance shown to have been in bad faith; and | taff, men Id liable ing of ro with the | nbers of its Council, Regulation Board or Comminion damages for anything done or not done in dealegistration or enforcing the terms and condition ose terms and in any respect, unless the act of | aling with any ons of ATOL or omission is |
| (4) I acknowledge that this firm is not able to sign ICAS. | n ATOL | reports until formal notification of registration is re | eceived from |
| I certify that, to the best of my knowledge and beli is a true and accurate statement of my circumstar overall responsibility for making sure the firm com | nces (to | be signed by Sole Practitioner/ATOL Contact Prii | ncipal with |
| Name in BLOCK CAPITALS: | | | |
| Signature: | | Date: | |

| 15. | Lic | ence Fee |
|-----|-----|--|
| | | not make any payment until we have confirmed your application has been approved. Please tick one of ing to indicate how payment of the application fee will be made. |
| | | I will arrange BACS payment directly to the following bank account, with my name and "ATOL Firm" in the transaction reference field: |
| | | Bank name: Royal Bank of Scotland Sort code: 83-51-00 Account code:10633841 Account name: The Institute of Chartered Accountants of Scotland |
| | | OR |
| | | I will send a cheque made payable to ICAS. |

16. Completion Checklist

Before returning the completed application form, please go through this checklist:

- (1) check that you have completed **all** questions (or explained the reasons for not responding)
- (2) keep a copy of this form for your records
- (3) ensure that you have given details of your professional indemnity insurance
- (4) make sure any additional sheets are included with your application
- (5) make sure the form is signed

Your application will be acknowledged on receipt at ICAS

APPLICATION TO BECOME AN ATOL REPORTING ACCOUNTANT - GUIDANCE NOTES

Section 7 - Principals

All principals in a firm registered for ATOL work with the ICAS must be either be:

- 1. members of one of the three Institutes of Chartered Accountants:
- 2. members of the Association of Chartered Certified Accountants;
- 3. members of the Association of Accounting Technicians;

or

4. Affiliates of ICAS.

In addition, any ATOL Reporting Accountant (ARA) applicants (whether principals or employees) who are not members or affiliates of an Approved Professional Body (a body signed up to the ATOL Licensing scheme) must also apply to become ICAS Affiliates.

The firm is required to submit an Affiliate application for each applicant.

Please note that individuals to be designated as ATOL ARAs must have completed a separate ATOL Reporting Accountant application form and have been approved by ICAS.

Section 7 and 8 - Principals and ATOL Reporting Accountants

Section 7 is for listing all the principals of the firm and Section 8 for employees who are to be (subject to approval) designated as ATOL reporting accountants.

Section 12 - Fit and Proper

Under the ICAS ATOL Reporting Accountant Regulations, any firm seeking registration must satisfy ICAS that it is fit and proper. It is for each firm to ensure that all of its principals and those employees involved directly or indirectly with ATOL work are fit and proper. The fit and proper requirement would not normally extend to administrative/secretarial staff but would cover practice support staff such as computer specialists.

A "Yes" answer to any of the questions on this part of the application form will not automatically result in a firm being refused registration. The Committee may, however, wish to make further enquiries before reaching a decision.

If the Committee finds out about any matters which a firm did not disclose this will be viewed very seriously. It could jeopardise the firm's application or continuing registration.