

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

Middle Name:	Date of birth:
Section 3 – Contact Details	
(Please provide a preferred and an alternative email address to assist communications if a job change occurs)	
a) Residential address:	
b) Postal address:	
c) Business address: (If a Partner at a CPA Firm, please state name of Firm)	
d) Phone contact: Business:	Mobile:
d) Email (preferred):	Email (alternative):
f) Status in Solomon Islands (please tick one box and provide evidence)	
<input type="checkbox"/> Solomon Islands Citizen <input type="checkbox"/> Resident of Solomon Islands <input type="checkbox"/> Work permit holder	
Section 4 – Employment History (please attach additional pages if more space is required). Please attach a current Curriculum Vitae as required.	
Current Employment:	
Employer Name:	
Employer Address:	
City:	Postal Address: Country:
Position title:	
Employment type:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time
Duration of employment:	
Firm type: <input type="checkbox"/> Public Practice <input type="checkbox"/> Industry & Commerce <input type="checkbox"/> Public Sector <input type="checkbox"/> Education & Training <input type="checkbox"/> Other (please specify	
Previous Employment 1:	
Employer Name:	
Employer Address:	
City: Postal Address: Country:	
Position title:	
Employment type:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time
Duration of employment	
Firm type: <input type="checkbox"/> Public Practice <input type="checkbox"/> Industry & Commerce <input type="checkbox"/> Public Sector <input type="checkbox"/> Education & Training <input type="checkbox"/> Other (please specify)	

Previous Employment 2:		
Employer Name:		
Employer Address:		
City:	Postal Address:	Country:
Position title		
Employment type:	<input type="checkbox"/> Full time	<input type="checkbox"/> Part-time
Duration of employment:		
Firm type: <input type="checkbox"/> Public Practice <input type="checkbox"/> Industry & Commerce <input type="checkbox"/> Public Sector <input type="checkbox"/> Education & Training <input type="checkbox"/> Other (please specify)		
Section 5 – Qualifications (please attach additional pages if more space is required)		
Please list the details of your tertiary qualifications and attach certified copies (originally stamped) of Diploma, Degree and Postgraduate certificates and full, final academic transcripts		
a) Qualification Attained:		
Tertiary Institution:		
Date completed:		
b) Qualification Attained:		
Tertiary Institution:		
Date completed:		
Section 6– Membership of Other Accounting Professional Associations		
Please complete if you are a member of any other accounting professional associations (please attach additional pages if more space is required) Please also provide a letter of member in good standing from an association which is a recognised body approved by the ISIA.		
a) Association 1:		
Date admitted:		
Is membership current?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Association 2:		
Date admitted:		
Is the membership current?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Section 7– References		
Please provide names of three (2) persons, not relatives, whom the Council may ask for professional and personal character references. One of the persons should be applicant’s present employer or, if not employed, the immediate past employer. The second person MUST NOT relate to the applicant’s present employment.		
Referee 1:		
Name:	Position:	

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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
b) Have you ever been subject to disciplinary action by a statutory, regulatory, professional, or other body in Solomon Islands or and elsewhere? <input type="checkbox"/> Yes <input type="checkbox"/> No	
c) Have you ever been declared bankrupt in Solomon Islands or and elsewhere? <input type="checkbox"/> Yes <input type="checkbox"/> No	
d) Is there any other information you wish to submit to support this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please attach	
Section 9 – Application Fee	
Application fee – Refer to Schedule 4	
Section 10 – Membership Subscription – Refer to Schedule 4	
<i>Please select the applicable category:</i>	
<input type="checkbox"/> Certified Practicing Accountant	<input type="checkbox"/> Technician Member
<input type="checkbox"/> Associate Member	
<i>This application will not be completely processed if the application fee and membership subscription are not paid in full.</i>	
Section 11 – Mode of Payment (please select one of the following)	
1. <input type="checkbox"/> 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. <input type="checkbox"/> Electronic Payment: Payment must be made directly to the Institute Solomon Islands of Accountants 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. <input type="checkbox"/> 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, Honiara, Solomon Islands	

<p>If you have any queries: email: Email: secretariat@isia.org.sb or membership@isia.org.sb Phone: +677 20131</p>	
<p>Section 15 – Consents & Declaration</p>	
<p>1. Observance of Accountants Acts 2010, ISIA Rules and Regulations, and ISIA Code of Ethics</p>	
<p>I _____ 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.</p>	
<p>Signature:</p>	<p>Date:</p>
<p>2. Consent to Disclose to Third Parties</p>	
<p>I _____ agree and consent that the information provided in this form can be used for verification with third parties by the ISIA.</p>	
<p>Signature:</p>	<p>Date:</p>
<p>3. Declaration</p>	
<p>I _____ hereby declare that all the information provided in this application is true and correct.</p>	
<p>Signature:</p>	<p>Date:</p>

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 Fee and Membership Fee)
Section 6 – Mode of payment (please tick one of the following modes of payment)
1. <input type="checkbox"/> Bank 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. <input type="checkbox"/> 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).
3. <input type="checkbox"/> 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 Executive Officer, Institute of Solomon Islands Accountants, P.O Box 1581 Honiara, Solomon Islands
For any queries: Email: secretariat@isia.org.sb or membership@isia.org.sb Phone: +677 20131
Section 8: Consents & Declaration
1. Observation of Accountant Acts, ISIA Rules and Regulations, and Code of Ethics
I _____ hereby undertake that, if registered as a Student Member. I will be bound by the provision of the Act, the Rules that are now in force or may hereafter from time to time to be made pursuant to the Act, and the regulations now in force or amended 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			
I _____ hereby declare that all the information provided in this application is true and correct.			
Signature: _____		Date: _____	

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

- 2 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

3. 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

6. 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.
9. 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

- 10 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.
- 11 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..

DATED.....DAY OF..... 20....

[Membership Number.....]

President

Secretary

.....

.....

