

ACCOUNTANTS ACT 2010

(No. 7 of 2010)

In exercise of the powers conferred by section 14 and 23 of the Accountants Act, the Council hereby makes the following Rules -

1. Citation

These Rules may be cited as the Accountants (**Application for Registration and Fees**) Rules 2023.

2. Application

These Rules apply to all categories of members of the Institute who are eligible to apply for registration in a category of registered persons, in accordance with section 23 of the Act and **Schedule 1**.

3. Approved Forms

- (1) Any person who is qualified to be registered in the relevant category of registered persons must fill in the approved application form for registration as specified in **Schedule 2**.
- (2) Any non resident person who is qualified to be registered in the relevant category of registered persons must fill in the approved application form for registration as specified in **Schedule 3**
- (3) The duly filled application form must be supported by the evidence as prescribed under section 25(2) of the Act and be accompanied by the appropriate fee specified in **Schedule 4**.
- (4) Any person who is qualified to be registered in more than one category of registered persons is required to pay only one fee, even if such person practises in multiple categories as specified in Schedule 1.

4. Approval of Registration

- (1) The duly filled application form together with the receipt issued by the Council, must be submitted to the Registrar for approval.
- (2) The Registrar on receipt of the duly filled application in accordance with rule 3 must submit such application for consideration to the Registration Committee.
- (3) The Registration Committee on being satisfied that the applicant has satisfied the conditions prescribed, authorise the Registrar to issue the Certificate or Renewal of Registration Certificate, as the case may be in the prescribed form specified in **Schedule 5**, subject to such conditions as the Registration Committee may impose.

- (4) Where the Registration Committee authorises the issue of the appropriate certificate the Registrar must issue a signed certificate to the applicant.

5. Refusal of Registration

When the Registration Committee is not satisfied with the matters in the application and the evidence provided, the Registration Committee shall -

- (a) refuse the application; and
- (b) in writing notify the applicant, the reasons for the refusal and the applicant's right of review under section 53 of the Act.

6. Registration and Renewal Fees

The registration and renewal fees prescribed in Schedule 4 are valid and in force for a period of one year and ceases on the 31st of December of the year it was issued.

SCHEDULE 1

(Section 23 and Rule 2)

CATEGORIES OF REGISTERED PERSONS

1. There are four categories of registered persons under section 23 of the Act as follows-
 - 1) Registered Certified Practising Accountants.
 - 2) Registered Company Auditors
 - 3) Registered Company Liquidators
 - 4) Registered Book Keepers
2. The Registration Committee shall establish and maintain a register for each of these categories.

2.1 REGISTERED CERTIFIED PRACTICING ACCOUNTANTS (CPA)

- (1) Applicants for Registered Certified Practising Accountants' membership are required to complete a total of at least 3 years of acceptable practical experience which cover the essential elements of accountancy that they will be called to perform for their clients. One of those years may be completed before the completion of a three –year Bachelors Degree in Accounting, but the other two have to be completed after completing the Degree and must be in an accounting or audit firm.

- (2) An applicant who wishes to be registered as a certified practicing accountants must have graduated with a recognised degree and have hold a relevant qualification in accountancy of a minimum of a three-year Bachelors Degree awarded by an educational institute whose courses meet the education standards issued by the International Accounting Education Standards Board (IAESB).
- (3) A Certified Practising Accountant who holds 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.
- (4) This registered category is for Accountants who have achieved CPA status and would like to run their own accounting practice. Persons registered under this category are licensed to provide financial, accounting, and auditing services to the public:
 - a) Must have a minimum qualification of a Degree in Accounting or higher qualification in accounting from a recognized university as per the Membership Rules of the Institute;
 - b) Must have at least five years of relevant work experience in the field of accounting and auditing in any jurisdiction, 2 of which should be in an accounting firm;
 - c) Provision of two referees (one professional referee and one character referee). Referees must be able to attest to the applicant's professional skills and personal character;
 - d) Must not have been disqualified as a CPA from another jurisdiction;
 - e) Should have a CPA qualification from a recognized professional accounting organization (PAO);
 - f) Should have a properly registered accounting practice or is a partner in an accounting practice firm and must have an office;
 - g) Must not be in employment;
 - h) Must not have been convicted of fraud, money laundering, or crimes against children;
 - i) Must be in good financial standing

Mentored Practical Experience

- (5) Any Applicants for mentored practical experience will be required to enter into an agreement with an "eligible mentor" (any registered practicing Accountant with at least 4 years of practical experience after being

admitted as a Certified Practising Accountants) to supervise the next two years' practical experience of the applicant. The terms and conditions of any mentoring arrangement must be approved by the Registration Committee.

- (6) The signed mentor agreement must be submitted to the Institute prior to the commencement of the mentorship. During those two years the applicant will be required to demonstrate to the mentor that he/she has gained experience in at least three of the following six areas of practical experience (with in-depth experience in one):
- a) Auditing (Internal or External)
 - b) External Financial Reporting
 - c) Insolvency and Reconstruction
 - d) Management Accounting
 - e) Taxation
 - f) Treasury
- (7) Any Applicants applying straight into CPA registration must provide a status declaration by mentor accompanied by the mentor agreement. This requirement does not apply to current members and cross-credit applicants.

2.2 REGISTERED COMPANY AUDITORS

A Registered Company Auditor:

- 1) Must hold a relevant qualification in accountancy of minimum of a three years bachelor degree, including a major in accounting with relevant auditing courses included, awarded by an educational institute whose courses meet the educational standards issued by International Accounting Education Standard Board (IAESB).
- 2) Must have completed at least three years relevant work experience which cover the essential elements of auditing that they will be called to perform for their clients. Two of these years should be in an audit firm.
- 3) Must include a testimonial from relevant employers testifying to the types of work that has been successfully undertaken by the applicant.
- 4) Must at least complete 20 hours of formal professional development activities each year by the institute or other organisations qualified to provide courses to international standard. **This is to maintain registration.**

All currently registered company auditors who hold a degree awarded by an educational institute that does not comply with the standard issued by the IAESB will be required to complete additional professional development courses as approved by the Registration Committee.

2.3 REGISTERED COMPANY LIQUIDATORS

A Registered Company Liquidator:

- 1) Must hold a relevant qualification in accountancy of a minimum of a three year bachelor degree, including a major in courses relating to company liquidations, awarded by an educational institute whose courses meet the educational standards issued by the international Accounting Education Standard Board (IAESB).
- 2) Must have completed at least three years relevant work experience which cover essential elements of liquidation processes that they will be called to perform their clients.
- 3) Must include a testimonial from relevant employers testifying to the types of work that have been successfully undertaken by the applicant.
- 4) Must complete at least 20 hours of formal professional development activities each year provided by the institute or other organisations qualified to provide courses as approved by the Institute. **This is to maintain registration.**

All currently registered company liquidators 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.

2.4 REGISTERED BOOK-KEEPERS

This registered category is for book-keepers who are in private practice of providing book-keeping services and other related services to the public for a charged fee. Their scope of work is limited to providing book-keeping and tax returns services and does not include signing off on financial statements and providing auditing services to the public; and,.

- 1) Is currently working in an accounting or similar role and has 5 or more years of work experience in an accounting, financial, or tax-related role;
- 2) Has a Diploma or Degree Qualification from a recognized university or education provider;
- 3) No previous convictions for fraud or money laundering or crimes against children;

- 4) Provide two referees (1 professional referee and 1 character referee)

SCHEDULE 2
(Section 25 and Rule 3 (1))

APPROVED REGISTRATION 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 GUIDELINES	
Registered Practicing Accountants (RCPA) Applicants	Complete ALL sections
Registered Book-keeper Applicants	Complete ALL sections
Registered Company Auditor Applicants	Complete ALL sections
Registered Company Liquidator	Complete ALL sections
Section 1 – Type of Applicant	
Please select one of the following.	
<input type="checkbox"/> New Applicant (if you are applying for the first time) <input type="checkbox"/> Current Member (current member applying for Registration of Practicing Certificate)	
Please provide your Membership Category and Membership Number	
Membership Category: _____ Membership Number: _____ _____	
Registered Practicing Category Applying For	
<input type="checkbox"/> Registered Certified Practicing Accountants <input type="checkbox"/> Registered Company Auditor <input type="checkbox"/> Registered Company Liquidator <input type="checkbox"/> Registered Book-keeper	
Section 2 – Personal Details	
(Please state your name as stated in your Birth Certificate or a valid ID document)	
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms	
Surname: _____ First Name: _____	
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 (street) 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 Professional Accounting Organisations	
Please complete if you are a member of any other professional accounting organisation (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 two (2) persons, not relatives, whom the Council may ask for 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
Refer to Schedule 3 for applicable fees
Section 10 – Membership subscription
<i>Please select the applicable category:</i>
<input type="checkbox"/> Registered Certified Practicing Accountants <input type="checkbox"/> Registered Company Auditor
<input type="checkbox"/> Registered Liquidator <input type="checkbox"/> Technical/ Bookkeepers
<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 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 – Practical Accounting Experience (If Applicable)
Applicants must complete the Certificate of Practical Experience Form (as approved by the Institute), submit a Mentoring Report (in the form approved by the Institute) and submit a signed copy of the Mentoring Agreement (as approved by the Institute) as evidence that mentoring has taken place between the Applicant and the Mentor.
<i>All CPA Applicants who do not meet the required practical experience MUST complete the Certificate of Practical Experience Form, submit a Mentoring Report, and submit a signed copy of the Mentoring Agreement as evidence that mentoring has taken place between the applicant and the Mentor.</i>
Section 13 – Documentary Requirements/Checklist

Please refer to "Application Checklist" and tick the relevant checklist applicable for this application.	
Section 14 – 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	
If you have any queries: email: Email: secretariat@isia.org.sb or membership@isia.org.sb Phone: +677 20131	
Section 15 – Consents & Declaration	
1. Observance of Accountants Acts 2010, ISIA Rules and Regulations, and ISIA Code of Ethics	
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.	
Signature:	Date
2. Consent to Disclose to Third Parties	
I _____ agree and consent that the information provided in this form can be used for verification with third parties by ISIA.	
Signature:	Date:
3. Declaration	
I _____ hereby declare that all the information provided in this application is true and correct.	
Signature:	Date:

SCHEDULE 3
(Rule 3 (2)
APPROVED REGISTRATION APPLICATION FORM
FOR NON RESIDENTS

PART A: APPLICANT DETAILS

1. SURNAME:

2. FIRST NAME:

3. BUSINESS ADDRESS:

4. TELEPHONE/MOBILE: _____ FAX _____
5. EMAIL: _____
6. CPA Membership Number: _____

PART B: EVIDENCE OF PROFESSIONAL STANDING OF THE APPLICANT

1. Name of Professional Body to which the Applicant is a Certified Practicing Member:

(Please provide a **certified** copy of the Certificate of Practice)
- 2 List below names of accountants who will be directly engaged in the work within Solomon Islands including the managing partner (if any):

Names:

Positions:

1. _____

- 2. _____ . _____ .
- 3. _____ . _____ .
- 4. _____ . _____ .

PART C: DETAILS OF THE WORK TO BE PERFORMED UNDER THIS APPLICATION

- 1. NAME OF THE CLIENT:

- 2. CLIENT'S ADDRESS:

- 3. TELEPHONE: _____ EMAIL: _____
- 4. PLEASE PROVIDE SCOPE OF WORK OF THE CONTRACT AS A SEPARATE ATTACHMENT TO THIS APPLICATION.
- 5. NUMBER OF FINANCIAL YEARS COVERED BY THE SCOPE: _____
- 6. CURRENT MEMBERSHIP NUMBER OF INSTITUTE OF SOLOMON ISLANDS ACCOUNTANTS _____

 APPLICANT'S SIGNATURE DATE

**SCHEDULE 4
 (Rule 3 (3))
 FEES**

- 1. Application Fee- \$100.00
- 2. Non Resident Application Fee - \$100
- 3. Registration Fees for Registered Persons
 - (a) Registered Certified Practising Accountant - \$5,000.00
 - (b) Registered Company Auditor - \$5,000.00

President

Signature:

Secretary