

FORM TO BE COMPLETED in connection with the issue of a Public Accountancy Board Practising Certificate for Year 2018

Name of Registered Public Accountant	
Home Address	
Business Address	
Email Address	
Home Telephone	
Business Telephone	
Cellphone	
Particulars of cheque	

I resided in Jamaica for a minimum of 183 days during the Year 2017

Yes € No €

- (a) **I am compliant with ICAJ CPD requirements or**
- (b) **I am compliant with ACCA CPD requirements or**
- (c) **I attended the PAB/ICAJ Seminar held on April 6, 2017.**
- (d) **I participated in online or face to face presentations or seminars during 2017 along the lines of those usually organized by ICAJ or PAB/ICAJ**
(Please tick the appropriate box re (a) (b) or (c))
- (e) **I have read on the Board's website (pab.gov.jm)**
 - (i) **The AML Guidance Notes which were approved by the Minister on September 8, 2016**
 - (ii) **The paper on Practice Monitoring in Jamaica** *(Please pay Special attention to the Action Plan at the end of the paper)*
 - (iii) **The Board's Rules and Recommendations**
- (f) **Having regard to the 2013 amendment to the Proceeds of Crime Act (POCA), please indicate whether you carry out any of the following activities on behalf of any client:**

- (i) **buying or selling real estate** Yes No
- (ii) **managing client money, security or other assets** Yes No
- (iii) **managing bank, savings or securities or other assets** Yes No
- (iv) **organizing contributions for the creation, operation or management of companies** Yes No
- (v) **creating, operating or managing a legal person or legal arrangement, (such as a trust or settlement);** Yes No
- (vi) **buying or selling a business entity** Yes No

- (g) **I had audit clients in 2017** Please indicate number of clients
- (h) **I had no audit clients in 2017**
- (h) **I have Professional Indemnity Insurance** Yes No

I certify that the information given above is true and correct.

Signature: _____ **Date:** _____