

CPA AUSTRALIA PROFESSIONAL STANDARDS (ACCOUNTANTS) SCHEME (SCHEME) EXEMPTION APPLICATION FORM

? *Personal Information

First Name:		Last Name:	
Member ID:		Phone:	
E-mail:			

? *Grounds

Hardship			
Low income:		Personal Circumstances:	
Details:			

Supporting Documentation Attached:	
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Participant of another Scheme

Scheme name:	
Occupational Association you are a member of:	
Scheme commencement and expiry dates:	

Other Objection

My reasons are as follows:	
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? *Professional Indemnity Insurance (PII)

Level of PII:		PII policy expiry date:	/ /
Supporting Documentation Attached:			

? *Typical Client Profile

Description:	
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? *Risk Management Program

Description:	
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Supporting Documentation Attached:			
Date:	/ /	Applicant's signature:	

Email your completed form to publicpractice@cpaaustralia.com.au or send to
Manager Regulatory Compliance Manager, Public Practice, Level 20, 28 Freshwater Place, Melbourne 3006

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