



Public Accountancy Board

A STATUTORY BODY UNDER THE MINISTRY OF FINANCE AND THE PUBLIC SERVICE

TO BE COMPLETED IN CONNECTION WITH THE ISSUE OF A PUBLIC ACCOUNTANCY BOARD PRACTISING CERTIFICATE FOR THE YEAR 2022

PERSONAL INFORMATION

NAME OF REGISTERED PUBLIC ACCOUNTANT:

HOME ADDRESS:

BUSINESS ADDRESS:

EMAIL ADDRESS:

TELEPHONE: (HOME)

(OFFICE)

(MOBILE)

PAYMENT INFORMATION

CHEQUE NUMBER:

DATE:

BANK:

DIRECT DEPOSIT:

DATE:

BANK:

OTHER: *(Please specify)*

DATE:

COMPLIANCE

I RESIDED IN JAMAICA FOR A MINIMUM OF 183 DAYS DURING THE YEAR 2021:

A) I AM COMPLIANT WITH ICAJ CPD REQUIREMENTS OR

B) I AM COMPLIANT WITH ACCA CPD REQUIREMENTS OR

C) DURING THE YEAR 2021, I PARTICIPATED IN

i) THE PAB WEBINAR HELD ON MAY 19 AND 20, 2021

ii) THE PAB WEBINAR HELD ON NOVEMBER 10, 2021

D) 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 PAB RULES OF PROFESSIONAL CONDUCT 2017

iv) SUPREME COURT ORDERS REGARDING PERSONS WHO THE UNITED NATIONS SECURITY COUNCIL HAS DESIGNATED AS TERRORISTS AND WITH WHOM REGISTRANTS MUST NOT DO BUSINESS.

E) HAVING REGARD TO THE PROCEEDS OF CRIME ACT (POCA), THE PROCEEDS OF CRIME (MONEY LAUNDERING PREVENTION) REGULATIONS AND THE TERRORISM PREVENTION ACT (2005) AND AMENDMENT ACT (2011), PLEASE INDICATE WHETHER YOU CARRY OUT ANY OF THE FOLLOWING ACTIVITIES ON BEHALF OF ANY CLIENT:

- i. BUYING OR SELLING REAL ESTATE
- ii. MANAGING CLIENT MONEY, SECURITY OR OTHER ASSETS
- iii. MANAGING BANK, SAVINGS OR SECURITIES OR OTHER ASSETS
- iv. ORGANIZING CONTRIBUTIONS FOR THE CREATION, OPERATION OR MANAGEMENT OF COMPANIES
- v. CREATING, OPERATING OR MANAGING A LEGAL PERSON OR LEGAL ARRANGEMENT, (SUCH AS A TRUST OR SETTLEMENT)
- vi. BUYING OR SELLING A BUSINESS ENTITY

CLIENT INFORMATION

- F) A) I HAD AUDIT CLIENTS IN 2021 PLEASE INDICATE THE NUMBER OF CLIENTS
- B) I HAD NO AUDIT CLIENTS IN 2021
- C) I HAVE PIE CLIENTS PLEASE INDICATE THE NUMBER OF PIE CLIENTS
- G) I HAVE PROFESSIONAL INDEMNITY INSURANCE

CONFIRMATION

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT.

SIGNATURE

DATE