

Application to Register as an ATOL Reporting Accountant (ARA)

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This form should be completed if you wish to register as an ATOL Reporting Accountant (ARA). It is important that before you complete this application you read the guidance that relates to obtaining ATOL ARA status, which is available both on the AIA website and the Civil Aviation website.

If you wish to discuss the application please contact AIA on T: 0191 4930281 or
E: compliance@aiaworldwide.com.

Please complete the form using black ink and block capitals and we would recommend that you keep a copy of the completed form for your records.

Eligibility Criteria

Do you hold an AIA practising certificate? Yes No

If no, you must also submit an application for an AIA practising certificate.

Have you taken and passed a professional examination covering assurance work as approved by the CAA. For AIA members this is paper 15 Professional Practice? Yes No

Have you read and understood CAA Guidance Note 10 - Requirements for ATOL Reporting Accountants? Yes No

Have you successfully completed the ATOL training module and enclosed a copy of your certificate? Yes No

To undertake the Civil Aviation Authority's ATOL training module, email your name, professional body and membership number to caa.arascheme@caa.co.uk.

Personal Details

Please complete	
Title:	
Surname/Family Name:	
First Names:	
AIA Membership Number:	
Home Address:	
Town:	County:
Post /Zip Code:	
Country:	
Email:	
Telephone:	Home/Work

Practice Details

Please complete	
Practice Name:	
Practising Certificate Number:	
Practice Address:	
Town:	County:
Post /Zip Code:	
Country:	
Email:	
Telephone:	Home/Work

Previous ARA Status

Have you previously applied or held ATOL ARA status with another professional body? Yes No

If yes, please complete the following section.

Name of the professional body:

Date of Application:

Was ARA status granted? Yes No

If not, please provide an explanation and attach it to this application.

Professional Indemnity Insurance

Please provide details of your professional indemnity insurance, taking into consideration both the AIA's guidelines and the liability cap in the CAA Guidance Note 10.

Name of insurance company:

Policy number:

Renewal date:

Continuity of Practice

Please complete	
Name of designated individual:	
Practice Address:	
Town:	County:
Post /Zip Code:	
Country:	
Email:	
Telephone:	Home/Work
Professional Body:	

Clients

Please provide the number of clients, or expected clients for which you will undertake ATOL related work

Confirmation

In signing this application, I confirm that:

- I have read and understood the conditions for ARA registration.
- I will abide by the AIA Articles, Regulations, Bye-laws and Code of Ethics and understand that failure to do so may result in disciplinary action.
- I know of no reason why I should not be considered a fit and proper person.
- I have not been subject to criminal conviction or caution.
- I have not been disciplined by any professional body and/or regulator.
- I will supply information as requested to enable AIA to conduct its practice monitoring programme.
- I will comply with the continuing profession development obligations set out by AIA and in relation to ATOL related work.

Signature:

Checklist

Before you return the application please check that you have:

- Read and understood CAA Guidance Note 10 - Requirements for ATOL Reporting Accountants
- Signed the confirmation on page 3
- Enclosed the ATOL training module certificate

Return the form to: Association of International Accountants, Staithe 3, The Watermark, Metro Riverside, Newcastle Upon Tyne, NE11 9SN

E: compliance@aiaworldwide.com



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