

Practice change of details notification

Please use this form to notify ACCA of changes to the name, address or composition of your firm. If you are incorporating an existing firm please use the incorporation notification form. This form may also be used to indicate or update the services and sectors which are applicable to your firm. This information will then be shown against your firm's entry on the online 'Find a Firm' directory (only applicable to firms in the UK or Ireland).

Existing firm name

Registration number

Contact partner's/director's name

Contact partner's/director's membership number

CHANGE OF PRACTICE NAME

New firm name

Trading name (if applicable)

CHANGE OF PRACTICE ADDRESS(ES) – continue on a separate sheet if necessary

Head office address

New

Amend

Delete

Town

County

Country

Postcode

Tel

Email

Website

New branch office address

New

Amend

Delete

Town

County

Country

Postcode

Tel

Email

Website

CHANGE OF PRINCIPAL(S)

Please indicate which principal should be the nominated contact partner/director (continue on a separate sheet if necessary)

Name	Qualification(s)	Contact	New	No longer with practice
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CHANGES TO SHAREHOLDINGS AND VOTING RIGHTS

ANTI-MONEY LAUNDERING SUPERVISION (UK ONLY)

If your firm is a sole practice or the principals are all ACCA members then your firm's supervisor is automatically ACCA.

Tick here if this is the case

If this is not the case, the supervisor of your firm is likely to be the professional body of which the principals who have overall control of your firm belong to. Note that if control of your firm rests with unqualified principals then your firm should be registered with HMRC in the UK.

Please state which body is your firm's supervisor

CONTINUITY OF PRACTICE OPT-IN SCHEME

ACCA has developed a search tool to enable members in the UK and Ireland to find firms prepared to provide continuity of practice arrangements. The search tool can be found in the 'Find a Firm' directory on the ACCA website. If you are the contact partner/director of a firm and wish to participate in the scheme please sign the confirmation below.

I confirm that I wish to participate in the continuity of practice scheme. I understand that ACCA is unable to recommend specific firms or get involved in drawing up continuity of practice agreements.

Contact partner's/director's signature

CHANGE OF CONTINUITY OF PRACTICE NOMINEE

Name of individual/firm

Professional body

Address

Town

County

Country

Postcode

Tel

Email

Website

CHANGE OF PROFESSIONAL INDEMNITY INSURANCE PROVIDER

Name of insurer

Policy number

REQUEST FOR ADDITIONAL AUTHORISATIONS/FURTHER INFORMATION

Please indicate if you would like to receive information/application forms for any of the following:

Audit registration*

Exempt regulated activities registration (UK)*

ATOL Reporting Accountant registration (UK)

Information on direct admission to membership for non-ACCA partners/directors*

* Application forms may be downloaded from ACCA's website [here](#).

SECTORS AND SERVICES

Please indicate which sectors and services are applicable to your practice:

Sector expertise

Arts and cultures industries
Advertising
Agriculture and forestry
Architects
Catering (pubs, restaurants, food and drink)
Charities
Clubs and associations
Construction industry
Dentists
Doctors
Distribution and transport
Education
Engineering
Entertainment
Estate agents
Financial services
Friendly societies
Housing
IT/software
Manufacturing
Motor retailers
Printing and publishing
Public sector
Retail
Service industries
Solicitors
Sub-contractors
Telecommunications
Tourism and travel agents
Vets

Services offered

Arbitration
Bank loans and overdrafts
Business start-up and company formation
Benchmarking
Business process improvements
Business plans
Business risk assessment
Corporate finance
Corporate recovery
Cost systems and control
Company secretarial service
Debt counselling
Data processing services
Divorce/matrimonial
Establishing a business overseas
Export finance planning and tax
Environmental auditing
Estate planning and executorship
Expert witness
Feasibility studies
Grants and finance (EU, government)
Internal audit and systems security
Information technology
Legal activities (probate)
Limited company accounts
Management advice to business
Management accounting consultancy
Management consultancy
Partnership/sole trader accounts
Share valuations
Small scale equity issues
Tax (CGT, corporate, IHT, personal and VAT)
Tax and NI investigations
Treasury
Trusteeship/trust administration

Data protection

We may use the personal data provided on this form for the purposes of;

- administering the firm's changes
- contacting nominated individuals
- responding to enquiries
- complying with our regulatory obligations.

This information may be updated by contacting ACCA at any time. We may share information with our suppliers and our auditors. Please note that for individuals and firms based outside the UK, your information will be held in ACCA's main information systems which are located in the EU and may be accessed by ACCA's local office in your country of residence.

For more information on how your personal information and rights are respected, please see our [privacy notice](#), or contact privacy@accaglobal.com

Contact partner's/director's signature

Date

Please return this form to authorisation@accaglobal.com