

# ***Letter of Good Standing*** ***Chartered Accountants Australia and New Zealand***

A holder of the Chartered Accountant credential may be eligible to sit for the International Qualification Examination (IQEX) if he or she is a member in good standing of CA ANZ and meets the eligibility criteria set forth in the December 2018 Mutual Recognition Agreement (MRA).

This Letter of Good Standing must be completed by CA ANZ and then sent by them directly to NASBA. Once completed by CA ANZ, this Letter of Good Standing will be valid for one year from the date it is issued.

**Part 1 - To be completed by the candidate:** (After completing Part 1, submit this form to CA ANZ):

1. Applicant's Name: \_\_\_\_\_ 2. Date of Birth: \_\_\_\_\_  
First Middle Last mm/dd/yyyy

I affirm that I am capable of performing audit and attest services, am competent to perform such services according to the relevant professional standards and have the requisite additional experience/training necessary for such work.

I hereby request and authorize CA ANZ to provide any and all pertinent information requested in this form to the National Association of State Boards of Accountancy (NASBA) to complete an application filed with that agency.

\_\_\_\_\_  
Applicant's Signature Date

**Part 2 - To be completed and submitted by Chartered Accountants Australia and New Zealand:**

This is to confirm the candidate identified above meets the eligibility requirements set forth in the December 2018 Mutual Recognition Agreement.

1. The candidate is a member in good standing with CA ANZ.

Date of Membership: \_\_\_\_\_ Member Number: \_\_\_\_\_

Has this member ever been disciplined?  Yes  No If yes, provide additional information on a separate sheet.

2. The candidate has met the eligibility requirements set out in Appendix 1A of the Mutual Recognition Agreement:

a. The candidate:

holds a baccalaureate or higher degree; AND one of the following:

completed ICAA's Professional Year Programme

Date Completed: \_\_\_\_\_

completed NZICA's Professional Accounting School

Date Completed: \_\_\_\_\_

completed the CA ANZ Chartered Accountants Program

Date Completed: \_\_\_\_\_

b. The candidate has passed:

the full capstone final examination for his or her legacy credential

the five modules of the CA ANZ's CA Program

c. The candidate:

- has completed a minimum of 3 years of relevant work experience prior to obtaining the CA ANZ CA credential and being admitted to membership; AND
- has an additional 2 years and 8 months of relevant work experience – which includes 2 years’ experience providing public accounting services – after obtaining the CA credential and being admitted to membership in CA ANZ.

Date Completed: \_\_\_\_\_

Note: If CA ANZ is not able to confirm the candidate has completed the additional 2 years and 8 months of relevant work experience, a completed Verification of Work Experience form will be needed in order to complete the application for the IQEX. This form is available to download from <https://nasba.org/exams/iqex/>.

d.  The candidate is in compliance with the continuing professional development (CPD) requirements of CA ANZ.

e. According to our records, the candidate is a citizen of or holder of a visa granting legal residency in:

- Australia     New Zealand     Neither Australia nor New Zealand     Unknown

Note: If CA ANZ is not able to confirm the candidate is a citizen of or a holder of a visa granting legal residency in Australia or New Zealand, a copy of the candidate’s passport or visa will need to be submitted in order to complete the application for the IQEX.

Exclusions: Chartered Accountant Australia and New Zealand CAs who obtained their CA credential by qualifying under a reciprocal agreement that CA ANZ (or ICAA or NZICA) may have with another professional accountancy organization are not eligible under this agreement. This includes all mutual recognition agreements, reciprocal membership agreements, and similar agreements which CA ANZ, or ICAA or NZICA may have or have had at any time.

Any additional information you would like to provide: \_\_\_\_\_

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number

RETURN THIS FORM TO: NASBA – IQEX  
P.O. Box 198469  
Nashville, TN 37219-8469

FAX: 615-880-4266  
Email: [iqex@nasba.org](mailto:iqex@nasba.org)