



NOMINATION / APPLICATION FORM DISCOM

Candidate information	
Full names	
Surname	
Gender*	
Race*	
ID number	
Address 1	
Address 2	
Town / City	
Telephone Landline	
Telephone Mobile number	
E-mail	
Nationality	
Language	
Country of residence	
Professional designation	
Professional affiliations	
Prior PAAB/IRBA involvement <ul style="list-style-type: none"> • Committees • Terms served (The PAAB is the IRBA's predecessor body)	

Present occupation and employer	
Educational background	
Professional experience	
Appointments/activities/experience in auditing and regulation	
Explain why you wish to be a member of the IRBA Committee	
Explain your objectives as a member of the IRBA Committee	
Explain how your skills, knowledge and experience are relevant to this position	
Has there been, or are there any disciplinary actions against you by accounting or other professional bodies, regulators or others? If yes, please describe.	
Will you be able to meet the time commitments for the IRBA?	

* This information is required in order to ensure gender and demographic representivity on the Board