

FORM 1A

INDEPENDENT REGULATORY BOARD FOR AUDITORS

(Established under Section 3 of Act 26 of 2005)

FIRM DETAILS

Please only complete this form if you are a partner, director, consultant or employee in an existing firm.

If you wish to register a new firm, either a new sole proprietorship, a new partnership, or a new incorporated company, please complete Form 2.

If you wish to register a new branch of an existing firm, please complete Form 2A

Surname of applicant/RA: _____

Full forename/s of applicant/RA: _____

Name of firm: _____

IRBA practice number of firm: _____

Type of firm (sole proprietor, partnership or incorporated company): _____

Status in firm (ie. partner, director, senior/managing partner, employee or consultant): _____

If the firm has branches, are you attached to the head office or to the branch? If branch, please state which branch: _____

Please complete all the below addresses. If you would like to receive your individual correspondence at your firm's address, please tick the box next to the address where you would like to receive this correspondence.

☐ Postal address of head office or branch at which you are situated: _____

☐ Street address of Firm of head office or branch at which you are situated: _____

☐ Docex address (if applicable): _____

Telephone number: (_____) _____ Fax number: (_____) _____

Firm's e-mail address: _____

Signature _____ Date _____