

**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 (partnership or incorporated company): \_\_\_\_\_

Status in firm (ie. partner, director, managing partner, managing director, employee or contractor):

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 \_\_\_\_\_