

**FORM 2**

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**INDEPENDENT REGULATORY BOARD FOR AUDITORS**

(Established under Section 3 of Act 26 of 2005)

**APPLICATION BY A FIRM FOR ADMISSION TO THE REGISTER OF AUDITORS**

(For application in terms of Section 38(2)) and Section 40 (2)

The Independent Regulatory Board for Auditors  
P O Box 8237  
GREENSTONE  
1616

This firm hereby applies to be registered as an auditor and submits the following information in support of its application:

Full name of firm (head office): \_\_\_\_\_

\_\_\_\_\_

Any acronym or abbreviation by which the firm is also known: \_\_\_\_\_

Type of firm (either a sole proprietorship, partnership or incorporated company): \_\_\_\_\_

\_\_\_\_\_

Company registration number (if applicable): \_\_\_\_\_

Postal address of firm (including province): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Street address of firm (including province and postal code if you receive postal delivery to this address): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Docex address (if applicable): \_\_\_\_\_

Telephone number: (\_\_\_\_\_) \_\_\_\_\_ Fax number: (\_\_\_\_\_) \_\_\_\_\_

Firm's e-mail address: \_\_\_\_\_

Firm's website address (if applicable): \_\_\_\_\_

**Registered Auditors in the firm**

| Full names of RAs in firm | IRBA registration no | Status in firm (ie. partner / director / managing partner / managing director / sole practitioner / employee / consultant | Is this RA assurance or non-assurance? | Is this RA attached to the head office or a branch? If branch, please indicate which branch. |
|---------------------------|----------------------|---|--|--|
|                           |                      |   |  |  |
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**Accounts contact person**

Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Direct telephone number: \_\_\_\_\_

Direct fax number: \_\_\_\_\_

**Branches:**

For each branch, please provide the following information. If your firm has more than one branch, please photocopy this page or use a separate sheet.

Name by which branch is known: \_\_\_\_\_

Telephone number of branch: \_\_\_\_\_

Fax number of branch: \_\_\_\_\_

E-mail address of branch: \_\_\_\_\_

Postal address of branch (including province): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physical address of branch (including province and postal code if you receive postal delivery to this address):

\_\_\_\_\_

\_\_\_\_\_

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**Broad Based Black Economic Empowerment status of firm**

Please select one of the following to indicate the category of your firm's B-BBEE status. Is your firm:

|    |  |     |    |
|----|--|-----|----|
| 1. | A Start Up Enterprise (a recently formed or incorporated Entity that has been in operation for less than 1 year) | Yes | No |
| 2. | An Exempted Micro Enterprise   | Yes | No |
| 3. | A Qualifying Small Enterprise to which the QSE scorecard applies   | Yes | No |
| 4. | An Enterprise to which the Generic Scorecard applies   | Yes | No |
| 5. | An Enterprise to which a Sector Code Scorecard applies   | Yes | No |

If you selected 3, 4 or 5 above, have you obtained a Rating of your B-BBEE status from an accredited Verification Agency or approved RA or a member of an Approved Professional Institute? \_\_\_\_\_ Yes / No

If yes, please attach a copy of your Verification Certificate and Scorecard.

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Please indicate the level of your B-BBEE status as reflected on your Verification Certificate by selecting the equivalent level:

| B-BEE status  | Please select |
|---------------|---------------|
| Level 1       |               |
| Level 2       |               |
| Level 3       |               |
| Level 4       |               |
| Level 5       |               |
| Level 6       |               |
| Level 7       |               |
| Level 8       |               |
| Non compliant |               |

The following documents must be attached to this application:

- Business plan;
- Quality (ISQC) Manual of the practice you intend to start;
- Name and RA number of RA identified as the practice’s Quality Reviewer; and
- Copies of agreements entered into with the Quality Reviewer

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Capacity

You may email us your completed application form and supporting documentation to [registry@irba.co.za](mailto:registry@irba.co.za),

|  |      |           |
|--|------|-----------|
| FOR IRBA USE ONLY                                |      |           |
|  | Date | Signature |
| Registrations Manager approval and letter signed |      |           |