



FORM 2A

INDEPENDENT REGULATORY BOARD FOR AUDITORS

(Established under Section 3 of Act 26 of 2005)

DETAILS OF BRANCH OF A FIRM

This form is only to be used to provide details of branches of firms.

Please complete one Form 2A per branch of a firm

1. FIRM DETAILS

(a)	Name of firm applying for registration on Form 2 or currently registered with the IRBA:	
(b)	If the firm is currently registered with the IRBA, what is the firm's IRBA practice number?	
(c)	Name by which branch is known:	

2. BRANCH CONTACT DETAILS

(a)	Postal address of branch (including province and postal code):	
(b)	Street address of branch (including province and postal code):	
(d)	Telephone number of branch:	
(e)	Fax number of branch:	
(f)	Email address of branch:	
(g)	Area in which firm practices (this will be the area that will be reflected on the IRBA website)	

3. RESIDENT RAS AT BRANCH

Please photocopy page if necessary.

Name and -surname of RA	IRBA Registration Number	Role in firm (ie. director / partner / senior partner / employee / consultant / CEO / Risk Leader / Quality Leader)

I confirm that the above information is true and correct in every detail to the best of my knowledge and belief.

Date

Signature

Capacity

Please email the completed form to registry@irba.co.za.