



## 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)	Physical 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](mailto:registry@irba.co.za).