

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**

Name of firm applying for registration on Form 2 or currently registered with the IRBA:

If the firm is currently registered with the IRBA, please give the firm's IRBA practice number:

Name by which branch is known: _____

Branch contact details:

Postal address of office (including province): _____

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

Docex address of branch (if applicable): _____

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

Branch e-mail address: _____

Resident RAs at branch (eg. partners / directors / employees). Please photocopy page if necessary.

Name and surname of RA	IRBA Registration Number	Status in firm (ie. director / partner / managing director / managing partner / employee / contractor)

Date

Signature

Capacity