

## FORM 4

## INDEPENDENT REGULATORY BOARD FOR AUDITORS

(Established under Section 3 of Act 26 of 2005)

## APPLICATION BY AN INDIVIDUAL REGISTERED AUDITOR FOR RECOGNITION AS A TAX PRACTITIONER WITH THE IRBA AS THE RECOGNISED CONTROLLING BODY IN TERMS OF SECTION 240A OF THE TAX **ADMINISTRATION ACT, 2011**

I, a Registered Auditor, hereby request to be recognised as a tax practitioner with the IRBA as my Recognised Controlling Body and submit the following information in support of my request:

## **PERSONAL DETAILS** 1.

2.

Surname:	
Forename(s):	
IRBA individual registration number:	
SA identity number:	
	if the Registered Auditor is not a holder of a valid South African ed in a valid South African Identity Number above:
Passport number:	
Country of issue of passport:	
Date of issue of passport:	
Date of expiry of passport:	
TAX DETAILS:	
Tax practitioner number (if already registered with SARS):	
Personal Income tax reference num	ber:
note that in order for SARS to confirm	your registration with the IRBA, the above information is mandatory.

Please

I confirm that my contact information on the IRBA's registers is correct unless updated by me, and I undertake to inform the IRBA within 30 days if any of my contact details change.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT IN EVERY DETAIL.

I attach proof of payment of the application fee in the amount of R1,050.00 in respect of the year ending 31 March 2020.

I understand that I will be invoiced for a tax practitioner annual fee	e, over and above my registration renewal and	nual
fee, on an annual basis with effect from 1 April 2020.		

I further understand that the tax practitioner application fee is not pro-rated.

The IRBA's banking details are
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Bank: Standard Bank
Branch: Eastgate
Branch Code: 018505
Account Number: 221290532

Please note we cannot start processing your application without confirmation of payment.

If you withdraw or cancel your application for recognition as a tax practitioner, you will be refunded the application fee less a 15% administration fee on submission to <a href="registry@irba.co.za">registry@irba.co.za</a> of <a href="proof">proof</a> of your banking details.

Date	Signature of applicant

Please submit your completed form with proof of payment to <a href="mailto:registry@irba.co.za">registry@irba.co.za</a>.

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