



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:

1. PERSONAL DETAILS

Surname:	
Forename(s):	
IRBA individual registration number:	
SA identity number:	

Passport details are only required if the Registered Auditor is not a holder of a valid South African Identity Document and has not filled 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:	

2. TAX DETAILS:

Tax practitioner number:	
Personal Income tax reference number:	

Please note that in order for SARS to confirm your registration with the IRBA, the above information is mandatory.

I confirm that my contact information on the IRBA's registers is correct, 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 **R3,570.00** in respect of the year ending **31 March 2022.**

I understand that the application fee is not pro-rated and that I will be invoiced for a tax practitioner annual fee, over and above my registration renewal annual fee, on an annual basis with effect from 1 April 2022.

The IRBA’s banking details are:

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 registry@irba.co.za of proof of your banking details.

Date

Signature of applicant

Please submit your completed form with proof of payment to registry@irba.co.za.

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