

FORM 5

INDEPENDENT REGULATORY BOARD FOR AUDITORS

(Established under Section 3 of Act 26 of 2005)

APPLICATION BY AN INDIVIDUAL TO THE REGISTER OF REGISTERED CANDIDATE AUDITORS

(For application in terms of Section 37(1))

I hereby apply to be registered as a Registered Candidate Auditor (RCA) and I submit the following information in support of my application:

1. Is this your first application to be registered as an RCA? _____
2. If the answer to question 1 is no, please provide your previous registration number. _____
3. Name in full: (please use block letters)
 - (a) Title: _____
 - (b) Surname (and Maiden name if applicable): _____
 - (c) Forename(s) as per ID: _____
 - (d) Preferred name: _____
4. Addresses: **(Please circle the → next to the address where you would like to receive any individual correspondence that is not sent by email. Please complete all the address details.)**
 - (a) Your physical address: _____

 - (b) Your postal address: _____

 - (c) Your firm's postal address: _____

 - (d) Your firm's docex address (if applicable): _____
5. Telephone number: (_____) _____ Fax number: (_____) _____
Cell number: (_____) _____ Email address: _____
6. Identity number: _____ Ethnic group * _____
(Please attach a copy of your Identity Document)
7. If you do not have a South African Identity Document, please provide the following details:
Passport number: _____ Country of issue: _____
Date of issue: _____ Date of expiry: _____
8. I was registered as a trainee accountant from _____ to _____
and my registration number was _____.
9. I passed the Assessment of Professional Competence (APC) on _____ (date)

ANSWER "YES" OR "NO" TO QUESTIONS 8 TO 14 INCLUSIVE

10. Have you at any time been removed from an office of trust because of misconduct related to a discharge of that office? If yes, please provide details on a separate page. _____
11. Have you at any time been convicted, whether in the Republic or elsewhere, of theft, fraud, forgery, uttering a forged document, perjury, an offence under the Prevention and Combating of Corrupt Activities Act, 2004, or any other offence involving dishonesty? If yes, please provide details on a separate page. _____
12. Are you for the time being declared by a competent court to be of unsound mind or unable to manage your own affairs? If yes, please provide details on a separate page. _____
13. Are you an unrehabilitated insolvent, have you entered into a compromise with your creditors, or have you been provisionally sequestrated? If yes, please provide details on a separate page. _____
14. Are you a member of a professional body? _____
- 14.1 If you answered yes to question 14, please state the name of body and your membership number: _____
- _____

FIRM INFORMATION

15. Name of registered audit firm that will offer the Audit Development Programme (ADP) _____
- _____
16. Has the above-named firm been subject to and undergone an IRBA firm inspection in the past three years? _____
17. Full name and surname of Oversight Registered Auditor (ORA) _____
- _____
18. ORA's IRBA registration number _____
19. ORA's Identity Number _____
20. ORA's email address _____

FIRM'S JOB PLANNING TOOL

21. Firm's Job Planning
(Please attach a copy of your firms' job planning documentation or use the provided template. The job planning template should indicate the clients that you have been allocated for either a six-month or twelve-month period – refer to the ADP Booklet for more details in this regard)

I certify that the above information is true and correct in every detail, and I undertake to comply with the Code of Professional Conduct, as published from time to time, by the IRBA.**

I enclose a cheque, or proof of payment, in the amount of R_____ in respect of the application fee.

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.

Please sign:

Date

Signature of applicant

Date

Signature of ORA

* This information is requested in order to gauge the profession's success in becoming more representative of the people in South Africa.

** The IRBA's Code of Professional Conduct is available on our website at www.irba.co.za.

You may e-mail us your application form and supporting documentation to , but please also post the original documents to P O Box 8237, Greenstone, 1616.