

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)	Email address of branch:	
(f)	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 attach additional page in this format if there is insufficient space below to list all the RAs.

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.

Please note that in order for the IRBA to engage with you, it will have to Process certain Personal Information which belongs to you, which Processing is described and explained under the specific and informative IRBA Processing Notices, housed for ease of reference on IRBA's website at <https://www.irba.co.za/library/popi-act>, which we ask you to download and read. By providing us with the required Personal Information, such act will be taken as an indication that you have read and agree with the provisions described under the Processing Notice and, where applicable, you consent to the processing by us of your Personal Information.