**IRBA NOMINATIONS FOR STATUTORY COMMITTEES**

**CANDIDATE INFORMATION**

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| **NOMINATION FOR INSPECTIONS COMMITTEE (INSCOM)** | |
| **Candidate Information** | |
| **Full names** |  |
| **Gender[[1]](#footnote-1)** |  |
| **Race[[2]](#footnote-2)** |  |
| **Address 1** |  |
| **Address 2** |  |
| **Telephone number** |  |
| **Fax number** |  |
| **E-mail address** |  |
| **Nationality** |  |
| **Language** |  |
| **Country of residence** |  |
| **Professional designation** |  |
| **Professional affiliations** |  |
| **Prior IRBA involvement:**   * **Committees** * **Terms served** |  |
| **Present occupation** |  |
| **Educational background** |  |
| **Professional experience** |  |
| **Appointments/activities/experience in policy and standard setting and technical activities** |  |
| **Why do you wish to be appointed to this position?** |  |
| **What would be your objectives as a member of this committee?** |  |
| **Explain how your skills, knowledge and experience are relevant to this position** |  |
| **Has there been, or are there any, disciplinary actions against you by accounting or other professional bodies, regulators or others? If yes, please describe these.** |  |
| **Will you be able to meet the time commitments indicated for members on this committee?** |  |
|  |  |
| **Nominating organisation (if applicable)** |  |
| **Name of organisation** |  |
| **Contact name at nominating organisation** |  |
| **Contact details:**   * **Telephone number** * **Cellphone number** * **Fax number** * **E-mail address** |  |

**Please submit your completed Nomination Form to:**

[**inspections@irba.co.za**](mailto:inspections@irba.co.za) **or** [**nnzimande@irba.co.za**](mailto:nnzimande@irba.co.za)

**By no later than 11 March 2024.**

**Thank you for your submission.**

1. Information required to ensure a balance in gender representation on the INSCOM. [↑](#footnote-ref-1)
2. Information required to ensure a balance in demographic representation on the INSCOM. [↑](#footnote-ref-2)