



NOMINATION FORM INVESTIGATING COMMITTEE

Full names	
Surname	
Gender*	
Race*	
ID number	
Address 1	
Address 2	
Town / City	
Telephone Landline	
Telephone Mobile number	
E-mail address	
Nationality	
Language	
Country of residence	
Professional designation	
Professional memberships	

Present occupation and employer	
Professional experience	
Prior PAAB/IRBA involvement <ul style="list-style-type: none"> • Committees • Terms served (dates) 	
Are you currently independent of the audit profession? (No direct or indirect profit, interest or payment from a registered auditor. The exception being pension benefits)	
Director appointments (all appointments held within last five years to please be listed – including period held)**	
Current committee appointments (including professional bodies or non-profit organisations – including period of appointment)**	
Explain why you wish to be a member of the Investigating Committee of the IRBA	
Has there been, or are there any disciplinary actions against you by professional bodies, regulators or others? If yes, please describe.	

**Additional question for
previously registered auditors:**

Number of years experience in
taking overall responsibility as
engagement partner for audits and
signing audit opinions.

* This information is required in order to ensure gender and demographic representivity on the Committee
** Please add separate page if space is too small for response