**IRBA NOMINATIONS FOR STATUTORY COMMITTEES**

**CANDIDATE INFORMATION**

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| **NOMINATION FOR THE COMMITTEE FOR AUDITOR ETHICS (CFAE)** |
| **Nomination for position in terms of the Auditing Profession Act, Section 21(1)(b)** |  |
| **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 professional ethics**  |  |
| **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**
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**Please submit your completed Nomination Form to:**

**sadam@irba.co.za** **or** **ldupreez@irba.co.za**

**By no later than 30 June 2025.**

**Thank you for your submission.**

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