[RCA Name]

[Address]

Director: Education, Training and Professional Development

Independent Regulatory Board for Auditors

PO Box 8237

Greenstone

1616

[Date]

**AUDIT DEVELOPMENT PROGRAMME RCA DECLARATION**

**The Registered Candidate Auditor (RCA) Information**

|  |  |
| --- | --- |
| Name and surname: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| RCA Number: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date of ADP registration: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**The Oversight RAs information**

|  |  |
| --- | --- |
| Name and surname: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Position held in Firm: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| IRBA number: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**The Declaration**

I, [name and surname of RCA] hereby declare that I have successfully completed:

* a minimum of 18 months in audit and assurance,
* a minimum of 1500 productive hours in audit and assurance activities, and have
* successfully completed the competency requirements determined by the IRBA for registration as an RA.

I also declare that the information contained in the Portfolio of Evidence is true and correct in every detail to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date