



Application for Statutory Auditor Status

Membership Number:

Application for Statutory Auditor Status

This form should be completed by a member of CPA Ireland who holds a current practising certificate with audit qualification and wishes to apply to CPA Ireland for approval as a statutory auditor in accordance with S.1470 of the Companies Act 2014

SECTION 1: PERSONAL INFORMATION

Full Name:	_____	Title:	_____
Membership No:	_____	Date of Membership:	_____
Date of Birth	_____	Telephone No:	_____
Contact Postal Address:	_____ _____		
Contact Email Address:	_____		

SECTION 2: PRACTISING CERTIFICATE DETAILS

- Details of practising certificate currently in place:
 - Practising certificate with audit qualification: Yes No
- Have you been approved previously as a statutory auditor? Yes No
- If yes, please advise the awarding Recognised Accountancy Body
 - Institute of Certified Public Accountants in Ireland
 - Institute of Chartered Accountants in Ireland
 - Association of Chartered Certified Accountants
 - Other - please advise _____
- Statutory auditor approval ceased (*please tick one box*):
 - Not applicable
 - 3 months or less:
 - 4-12 months ago:
 - 1-2 years ago:
 - 3-5 years ago:

SECTION 3: APPROVAL AS A STATUTORY AUDITOR

I wish to be approved by the Institute of Certified Public Accountants in Ireland to: *(tick as appropriate)*

1. To act as a statutory auditor in accordance with the Companies Act 2014

 2. Do you wish to:
 - Set up a new audit firm¹:
 - Become a partner/director in an existing audit firm (CPA regulated firm):
 - As an employee to act as a Responsible Individual in an audit firm (CPA regulated firm):
 - Other (please outline details):
-

SECTION 4: SIGNATURE

I confirm that the information contained in this application is accurate and complete to the best of my knowledge and belief.

Signature: _____

Date: _____

¹ A separate application must also be made to register an audit firm.

SECTION 5: PRACTISING DETAILS

1. Date you intend to commence²:

2. I intend to practice: **(tick as appropriate)**

as a Sole Practitioner

in a Partnership

as a Corporate Body

Other - specify:

3. Firm's Name:

4. Partners/Directors: If you are not intending to practice as a sole practitioner please enter the names of all fellow partners/directors. (BLOCK CAPITALS)

<u>Partners/Directors*</u>	<u>Qualifications</u>	<u>Holding %</u>	<u>Voting Rights %</u>

All non-CPA partners/directors must become affiliated partners of CPA Ireland.
A separate firm application is required for a new firm set up.

5. Office Address

Head office address:

Telephone No:

Fax No:

Email Address:

6. Branch office:

Office address:

Telephone No:

Fax No:

Email Address:

7. Staff – please estimate the number of staff you intend to employ in the first year:

² You must ensure that your application is submitted at least 8 weeks before you intend to engage in statutory audit work. Please note that it is a breach of the Companies Act 2014 to engage in statutory audit work when not approved to do so.

SECTION 6: PROFESSIONAL INDEMNITY INSURANCE

I detail below the name of my insurer and policy number;

Insurance Company:

Policy Number:

Bye Law 9 - Professional Indemnity Insurance regulations apply in that the policy is underwritten by an authorised insurer who complies with the Professional Indemnity Insurance Regulations of CPA Ireland.

SECTION 7: OTHER QUALIFICATIONS

Please list any other qualifications/authorisations you hold:

Have you ever applied to another recognised body for statutory auditor status? Yes No

If yes, please state:

Name of Professional Accountancy Body:

Date of Application:

Result of Application:

If your application was unsuccessful, please give details:

Please note that the Registration Committee may conduct regulator to regulator checks with other Recognised Accountancy Bodies.

SECTION 8: NATURE OF SERVICES TO BE OFFERED

Please complete this section as accurately as possible;

<u>Service</u>	<u>No. of Projected Clients</u>	<u>Fee Income</u>
Auditing – Public interest entities ³		
Auditing – Statutory audit clients		
Auditing – Credit unions, friendly, industrial and provident societies Provident S		
Accounts preparation for Audit Exempt Companies		
Accounts preparation for Sole Traders		
Taxation		
Financial Planning & Management Consultancy		
Insolvency		
Investment Business Activities ⁴		

³ *Definition of "Public Interest Entity"

A public interest entity as defined in Part 27 (Sec. 1461) – Companies Act 2014.

Public-interest entities means undertakings that —

- (a) have transferable securities admitted to trading on a regulated market of any Member State,*
- (b) are credit institutions,*
- (c) are insurance undertakings, or*
- (d) are undertakings that are otherwise designated, by or under any other enactment, to be entities referred to in point (d) of Article 2(13) of the Audit Directive;*

⁴ Appropriate authorisation may be required from CPA Ireland or the Central Bank.

Book-Keeping

Trust and company services⁵

Other (please specify

Totals

⁵ A Trust or Company Service Providers (TCSP) is any person whose business provides any of the following services:

- a. forming companies or other bodies corporate.
 - b. acting as a Director or Secretary of a company under an arrangement with a person other than the company.
 - c. arranging for another person to act as a Director or Secretary of a company.
 - d. acting, or arranging for a person to act as a partner of a partnership.
 - e. providing a registered office, business address, correspondence or administrative address or other related services for a body corporate or partnership.
 - f. acting, or arranging for another person to act, as a trustee of a trust.
 - g. acting, or arranging for another person to act, as a nominee shareholder for a person other than a company whose securities are listed on a regulated market.
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SECTION 9: RECENT AUDIT EXPERIENCE – To be approved as a statutory auditor you should be able to demonstrate to the Registration Committee that you have recent statutory audit experience. Please outline below details of your audit experience achieved over the last 24 months.

Your details <ul style="list-style-type: none"> Firm name. Month(s) and year in which your experience was achieved in date order. Dates that you worked on the audit. Total no. of weeks on the audit 	Client details <ul style="list-style-type: none"> Company Reg. No. Industry. Year-end. Turnover. Principal Activities. 	Scope of the audit <ul style="list-style-type: none"> Nature of the engagement (statutory audit in accordance with Companies Act 2014 or other) Accounting framework Details of your involvement in the planning of the audit, including the identification of key risk areas. 	Role and Responsibilities <p><i>Your role & responsibilities in the audit (e.g. senior, manager etc.) and role of person to whom you were reporting.</i></p>	Staffing <p>Level of staff involved in audit reporting to you, if applicable. If no other team members, state "None". State how many staff were engaged on the assignment.</p>	Key issues and challenges <p>Key issues and challenges arising on the audit and how you addressed these (for example, explain how you exercised professional scepticism, discussions held and conclusions reached for issues encountered).</p> <p>The narrative should be tailored to each example.</p>	IES 8 <p>IES 8 competency areas you covered during this audit engagement. (Please ensure that all the competency areas in IES8 are covered across the examples provided.)</p> <p>Relevant IES8 competency area(s) covered by this example.</p>	
1							

2.					

3.					
4					

Please add further sheets if there is not sufficient space above to outline all of your post qualification audit experience.

SECTION 10: AUDIT QUALIFICATION DECLARATION

I confirm I have:

- An audit qualification granted by a Recognised Accountancy Body in accordance with S.1472 of the Companies Act 2014.

Yes

No

- Successfully completed the Audit Orientation Programme or online certificates. This assessment must be completed no more than three years prior to the date of application for approval as a statutory auditor. Please attach completion certificates where the online course has been completed.

Yes

NO

- I confirm that if granted authorisation as statutory auditor I agree to take part in appropriate programmes of continuing education in order to maintain my theoretical knowledge, professional skills and values, including, in particular, in relation to auditing, at a sufficiently high level in accordance with the Section 1489 Companies Act 2014.

Yes

NO

- I confirm that I will maintain the competencies required by the International Education Standard (IES) 8, Professional Competence for Engagement Partners Responsible for Audits of Financial Statements (revised).

Yes

NO

- If you have been granted an audit qualification by another Recognised Accountancy Body, please provide details:

Name of Recognised Accountancy Bod _____

Date of Granting of audit qualification: _____

SECTION 11: AUDIT ORIENTATION PROGRAMME

To be eligible for approval as a statutory auditor, you must complete the Audit Orientation Online Certificate and pass the associated assessment.

This course must not have been completed more than three years ago.

I confirm that I have completed the Audit Orientation Online Certificate:

Please attach the completion certificate(s).

SECTION 12: CONTINUING PROFESSIONAL DEVELOPMENT

The Registration Committee endeavours to establish the technical competence of applicants. To assist this please provide full details of seminars and courses attended in the last two years. **(You should have completed a minimum of 8 hours in auditing CPD in the past twelve months as outlined in Section 9 if you wish to apply for statutory auditor status).**

Seminars & Courses Attended

<u>Date</u>	<u>Details</u>	<u>Hours</u>

SECTION 13: CONTINUITY OF PRACTICE

I have made arrangements for the continuity of my practice in the event of my death or incapacity.

in the partnership agreement of my firm.

with the following practising accountant or firm of practising accountants (please give full name, qualifications and address of person/firm responsible):

SECTION 15: FIT & PROPER ASSESSMENT

Please complete the following questionnaire.

If you answer YES to any of the questions, please give full details on a separate sheet.
The answer will be YES or NO but a YES will need further explanation.

FINANCIAL INTEGRITY AND RELIABILITY

1. In the last ten years has a court in Ireland or elsewhere, given any judgement against you about a debt? Yes No
2. In the last ten years have you made any compromise arrangement with your creditors? Yes No
3. Have you ever been declared bankrupt or been the subject of a bankruptcy court order in Ireland or elsewhere, or has a bankruptcy petition ever been served on you? Yes No
4. Have you ever signed a trust deed for a creditor, made an assignment for the benefit of creditors, or made any arrangements for the payment of a composition to creditors? Yes No

CONVICTIONS OR CIVIL LIABILITIES

Note: *There is no need to mention offences which are spent for the purpose of the Rehabilitation of Offenders Act 1974 or offences committed before the age of 17 (unless committed within the last 10 years) and road traffic offences that did not lead to disqualification or prison sentence.*

5. Have you at any time pleaded guilty to or been found guilty of any offence? If so, give details of the court which convicted you, the offence, the penalty imposed and the date of conviction. Yes No
6. In the last five years have you, in Ireland or elsewhere, been the subject of any civil action relating to your professional or business activities which has resulted in a finding against you by a court, or a settlement being agreed? Yes No
7. Have you ever been disqualified by a court from being a director, or from acting in the management or conduct of the affairs of any company? Yes No

GOOD REPUTATION AND CHARACTER

8. Have you in the Republic of Ireland, the United Kingdom or elsewhere ever been:
 - refused the right or been restricted in the right to carry on any trade, business or profession for which a specific licence, registration or other authority is required? Yes No
 - investigated about allegations of misconduct or malpractice in connection with your professional activities which resulted in a formal complaint being proved but no disciplinary order being made? Yes No
 - the subject of disciplinary procedures by a professional body or employer resulting in a finding against you? Yes No
 - reprimanded, excluded, disciplined or publicly criticised by any professional body which you belong to or have belonged to? Yes No
 - refused entry to or excluded from Membership of any profession or vocation? Yes No
 - dismissed from any office (other than as Auditor) or employment or requested to resign from any office, employment or partnership? Yes No

▪ reprimanded, warned about future conduct, disciplined or publicly criticised by any regulatory body, or any officially appointed enquiry concerned with the regulation of a financial, professional or other business activity? Yes No

▪ the subject of a court order at the instigation of any regulatory body, or any officially appointed enquiry concerned with the regulation of a financial, professional or other business activity? Yes No

9. Are you currently undergoing any investigation or disciplinary procedures as described in 8 above or are you the subject of any condition imposed by another Regulator e.g. a hot file review condition? Yes No

SECTION 16: CONFIRMATION BY FIRM

Please complete this section where you propose to sign audit reports on behalf of an already existing audit firm either as a partner in the firm or as an employee. This is not required where you intend to operate as a sole practitioner.

To be completed by the Compliance Principal in the firm:

I confirm that the individual named in this application will be authorised to sign audit reports in his/her name on behalf of the firm conditional upon approval by the relevant Recognised Accountancy Body. I confirm that the information contained in this form is a true and accurate statement of the applicant's circumstances.

Signature of Compliance Principal:

Date:

Name (BLOCK CAPITALS):

Professional body:

SECTION 18: ATTACHMENTS

Please attach the following information with your application:

If your statutory auditor status ceased between 3-5 years ago, please attach the following:

- Completed application form.
- Details of CPD over the previous two years.
- Details of recent activities
- Completion 8 hours auditing CPD if applicable.
- Completion of the Audit Orientation course

If your statutory auditor status ceased between 1-2 years ago, please attach the following:

- Completed re-application form.
- Details of CPD.
- Details of activities
- Completion of the Audit Orientation Course
- Completion of 8 hours auditing CPD if applicable.

If your statutory auditor status ceased 4-12 months ago, please attach the following:

- Completed application form.
- Details of CPD
- Details of activities
- Completion of 8 hours auditing CPD if applicable.

If your statutory auditor ceased 1-3 months or less ago, please attach the following:

- Completed application form.
- Details of CPD
- Details of activities

A further explanation on Fit & Proper matters where yes is declared.

The Registration Committee may undertake such enquiries as it believes appropriate to assess the validity of details contained in this application. This may include third party enquiry.

FORMAL APPLICATION FOR STATUTORY AUDITOR STATUS

To the Registration Committee of the Institute of Certified Public Accountants in Ireland.

I hereby apply for approval as a statutory auditor in accordance with S. 1470 of the Companies Act 2014

I warrant, if approved, that as long as I remain a practising member of the Institute, I will observe the Practice and Audit Regulations of the Institute made from time to time by the Council. I have read the Practice and Audit Regulations, the Code of Professional Ethics, Conduct and Practice, (available on the CPA website at www.cpaireland.ie) and understand the obligations imposed on me by them.

I am aware of my obligations under the Institute's Professional Indemnity Insurance and Continuing Professional Development Byelaws.

I confirm that I will comply with CPA's Code of Ethics, especially in connection with the proper conduct of public practice, integrity and independence and CPA's Guidance document on Procedures for Changes in Professional Appointments.

I confirm that I will comply with the requirements of relevant anti-money laundering legislation and regulations.

I agree to be bound by the procedures, rules and guidance, as may be issued from time to time by IAASA in the exercise of its Statutory Functions.

In the context of applying for statutory auditor status the following confirmations also apply:

I confirm that the information attached to this application is an accurate reflection of relevant audit experience carried out to the competency levels indicated by me.

I confirm that I have read information attached to this application is an accurate reflection that I meet the educational requirements in accordance with Companies Act - Schedule 19 and further guidance issued by IAASA.

I confirm that if granted authorisation as statutory auditor I agree to take part in appropriate programmes of continuing education in order to maintain my theoretical knowledge, professional skills and values, including, in particular, in relation to auditing, at a sufficiently high level in accordance with Section 1489 Companies Act 2014.

I warrant that I have truthfully and fully answered the questions in this application.

I hereby authorise the Institute of Certified Public Accountants in Ireland to take up such references and make such enquiries as are necessary to consider this application. Please note that the Registration Committee may conduct regulator to regulator checks with other Recognised Accountancy Bodies.

Signature:

Date:

Name (BLOCK CAPITALS):

DATA PROTECTION

The Institute of Certified Public Accountants in Ireland (CPA Ireland) will use the information contained in this form together with any other information otherwise furnished by you or by other third parties for the purposes of processing this application; managing and administering your membership; and generally for the performance by the Institute of its regulatory, supervisory and statutory functions, as more fully described in the Institute's Privacy Policy which explains your rights in relation to your personal data. You acknowledge you have read and understand the <https://cpaireland.ie/Privacy-Policy>.



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