



Application for Registration of a Firm as an Audit Firm



Application for Registration as an Audit Firm

This form should be completed by the proposed compliance principal of a firm applying to CPA Ireland for approval as a statutory audit firm in accordance with the Companies Act 2014.

Please study [Byelaw 13, Practice & Audit Regulations](#), before completion of this form, available at www.cpaireland.ie.

Return of this form with all sections completed as appropriate is necessary at least 8 weeks in advance of commencement of the audit firm.

Incomplete forms will be returned.

SECTION 1: FIRM DETAILS

Full legal name of firm:					
Trading name if applicable:					
Compliance Partner/Principal/ Director:					
Qualifications:					
Principal/Partner/Director Details* - please list all.	<i>Tick as Appropriate</i>		Statutory Auditor ¹ Yes/No	Holding ² %	Voting rights %
	CPA Member	Affiliated Partner*			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

*The Registration Committee may register an audit firm which is a partnership or a body corporate only if the committee is satisfied that **each** partner/director is either a member of the Institute or an affiliated partner. At least 51 % of the voting rights must be held by statutory auditors. Further details on control requirements may be found [here](#).

¹ Please ensure that new applicants for statutory auditor status have submitted the appropriate application.

² Please ensure that beneficial ownership details are correctly filed with the Central Register of Beneficial Ownership.

**Address of Firm
(Head Office)**

**Branch Address
if any**

Telephone

Website:

Email*:

Other Responsible Individuals

Do you wish to designate any senior staff members (non-partners) as responsible individuals? If so, they must hold a Practising Certificate with an audit qualification from their membership body.

<u>Names of Responsible Individuals</u>	<u>Qualifications</u>	<u>Statutory Auditor YES/NO</u>
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Affiliated partner / Responsible Individuals must make a formal application to the Registration Committee. Application forms can be downloaded from the CPA website at www.cpaireland.ie.

SECTION 2: MANAGEMENT BOARD**

Are the firm's policies set or implemented by a separate management or administrative board?
If 'Yes' please outline the members of the boards below:

Yes No

Principal/Partner/Director Details**	Tick as Appropriate		Statutory Auditor Yes/No	Holding %	Voting rights %
	CPA Member	Affiliate d Partner *			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes No		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes No		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes No		

*This e-mail address will be submitted to the CRO together with the profile of your firm, the purpose of which will be to trigger an e-mail to your firm advising when an audit report has been filed using the firm's Auditor Registration Number.

**In circumstances where the firm's policies are set or implemented by a separate management or administrative board at least 75% of the voting rights in that body must be held by statutory auditors.

SECTION 2A: SHAREHOLDERS OF A CORPORATE PRACTICE

Shareholders of a Corporate Practice

Yes No

	Shareholder 1	Shareholder 2	Shareholder 3
Shareholders Name			
Address Line 1:			
Address Line 2:			
Address Line 3:			
Number of shares:			
% of shareholding:			
% of total voting rights:			
Statutory auditor – yes or no:			
Qualification:			

SECTION 3: DETAILS OF FEE INCOME

**THIS PAGE MUST BE COMPLETED IN FULL
INCOMPLETE RETURNS WILL BE RETURNED**

State as accurately as possible

(a) Annual fees for the forthcoming year – please estimate where necessary (including those paid to sub-contractors) payable by clients in respect of:		(b) Total number of all clients in each category	(c) The percentage of each figure applicable to work for clients in the following territories:		
€			ROI %	UK %	Elsewhere (specify)
Audit services provided to Public Interest Entities*					
Audit services provided to Private Limited Companies	Small				
	Medium				
	Large				
Audit services provided to Designated Activity Companies	Small				
	Medium				
	Large				
Audit services provided to companies limited by guarantee	Small				
	Medium				
	Large				
Audit services provided to public limited companies					
Audit services provided to private unlimited companies					
Audit services provided to public unlimited companies					
Audit services provided to public unlimited companies without share capital					
Audit services provided to credit unions					
Audit services provided to industrial and provident societies and to friendly societies					
Audit services provided to other entities					
OTHER ASSURANCE SERVICES					

Reporting Accountant's Report for a solicitor client in accordance with the Solicitor Accounts Regulations 2014					
Accountant's Report to the Property Services Regulatory Authority for clients such as an auctioneer/estate agent, letting agent and management agent					
Reports for unincorporated Travel Agents					
Reports for unincorporated investment intermediaries					
Other					
NON-AUDITING SERVICES					
Compilation of accounts (i.e. non-audit services) for corporate entities (including audit exempt companies)					
Preparation of accounts for Unincorporated entities					
Taxation					
Examination of business & company accounts (i) of public companies (ii) of other clients					
Corporate Insolvency, liquidation and receiverships					
Personal Insolvency Services					
Executorships and trusteeships					
Management consultancy (give details)					
Investment Intermediary Services, Insurance Agent/Broker	(i) Commission				
	(ii) Fees				
Work for merchant banks, finance houses, hire purchase and credit sales organisations and any other concerns providing finance other than building societies					

OTHER						
Management Consultancy	Small					
	Medium					
	Large					
Investment intermediary services, insurance agent/broker**	Commission					
	Fees					
Trust and Company Services***						
All other work						
CALCULATE						
Total practice income from all sources:			Total number of clients:			
Total practice income for past year:			Estimated practice income for forthcoming year:			
State largest fee earned from one client or group of related clients						

****Definition of "Public Interest Entity"**

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

**** Appropriate authorisation must be held from the Central Bank**

*****Trust and Company Services**

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.

SECTION 4: PROFESSIONAL INDEMNITY INSURANCE DETAILS

PRACTICE INSURED

Full Legal Name of Practice insured: _____

Trading Name if applicable: _____

INSURER

Name of Insurance Company: _____

Policy Number: _____

Period to be covered by policy (DD/MM/YYYY):

From: _____ To: _____

COVER DETAILS:

Indemnity Limit: * € _____ Excess/Deductible Amount: € _____

Does your indemnity limit apply on an each and every claim basis? Yes No

If no, please supply full details of basis of indemnity:

Retroactive Date (if any): _____

COMPOUND FIRMS

Does your policy extend to provide cover for any other firm? Yes No

If yes, state name and address: _____

THIS SECTION TO BE COMPLETED BY INSURANCE BROKER/UNDERWRITER BROKER/INSURER'S CONFIRMATION			
I/We confirm that:			
(a) I/We have arranged/issued the policy to which this Certificate refers.			
(b) The 'Proposal Form Details' given overleaf match the information submitted to insurers.			
(c) The policy is underwritten by an authorised insurer in the state.			
(d) The policy wording complies with the PII Regulations of the Institute.			
Name of insured practice: _____			
Broker/Insurer's Stamp:	<table border="1" style="width: 100%; height: 100px;"><tr><td style="width: 80%;"></td><td style="width: 20%;"></td></tr></table>		
Brokers/Insurer's Signature: _____			
Name (Block Capitals): _____			

* The minimum annual limit of indemnity, for any one claim, shall be the higher of two and one-half times the gross fee income of the practice for its last financial year, and in the case of a sole practitioner, €70,000 or in any other case €130,000. An upper limit of €1,500,000 is acceptable.

SECTION 5: CONTINUITY OF PRACTICE ARRANGEMENTS

I confirm that I have made formal provision for the continuity of my Practice.

(Tick as appropriate)

I am a member of a partnership as described above

OR

I have a continuity of practice agreement in place with:

(ANOTHER STATUTORY AUDITOR)

(Tick as appropriate)

I attach a copy herewith

OR

Agreements submitted previously

SECTION 6 : PREVIOUS REGISTRATIONS

Has your firm ever applied to another Recognised Accountancy Body for audit registration?

Yes

No

If yes, please state:

Name of Recognised Accountancy Body:

Date of Application:

Result of Application:

If your application was unsuccessful, please give details:

Does your firm still hold audit registration from this body?

Yes

No

Have any of the partners/ directors in the firm been a partner in a statutory audit firm before?

Yes

No

If 'Yes' please outline the details of Registration as below:

Name of Recognised Accountancy Body:

Date of Registration:

Date of cessation of Registration:

Reasons for cessation of authorisation:

SECTION 7: LEGAL STATUS OF ENTITY

1. **Legal status of entity** (please tick as appropriate):

Corporate entity

Sole Practitioner

Partnership

Other – specify:

The following to be completed by corporate entities only (Question 2 – 7)

2. **Type of Company** (the type of company set up should be clear from the company's Memorandum and Articles)
Please tick:

Public limited company

Private company limited by shares

Designated activity company

Company limited by guarantee

Unlimited company

3. **Company registration details – Ireland:**

Date of incorporation:

Company (CRO) registration number:

4. **Registered Office address** (if different from section 1 above)

5. **CPA must be satisfied that where the proposed holder of authorisation is a body corporate, the body corporate is not being wound up. Please confirm that no such proceedings are currently being undertaken or considered.**

I declare that the applicant for authorisation, being a body corporate, is not being wound up nor are any such proceedings currently under consideration. Yes No

If this is not the case, please provide further details:

6. In circumstances where there are directors/shareholders in the firm who are not statutory auditors please attach a copy of the shareholder agreement.

Attached: Yes No
Other Comments:

7. Please confirm that the constitution of the company allows the company to audit.

Yes No

8. Is your firm a member of a network?

Yes No

If yes, please supply the postal and website addresses where details of the network members and their affiliates can be viewed by the public.

Network Name: _____

Website address: _____

Postal Address:

SECTION 8: MAINTENANCE OF COMPETENCE

I confirm that I will make arrangements to ensure that all principals and employees conducting audit work are competent to carry out the audits for which they are responsible or employed for.

Yes No

I confirm that I will make arrangements to ensure that all statutory auditors in the firm maintain an appropriate level of competence in audit and take part in appropriate programmes of continuing education in order to maintain their theoretical knowledge, professional skills and values at sufficiently high level.

Yes No

FORMAL APPLICATION FOR REGISTRATION AS AN AUDIT FIRM

To the Registration Committee of the Institute of Certified Public Accountants in Ireland, I hereby apply to register the following firm as a Statutory Audit Firm in accordance with the provisions of the Companies Act 2014:

Name of Firm:

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

As compliance principal for the firm, I declare the following:

- (a) The firm agrees to be bound by Bye-laws 1-15 inclusive and will ensure that the firm complies with these Bye-laws 1-15 inclusive at all times.
- (b) The firm will deal with the Institute in an open and co-operative manner and inform the Institute promptly about anything concerning the Firm that these Bye-laws 1-15 inclusive require.

I acknowledge that none of the Institute, its officers, staff, members of its Council or Committees can be held liable in damages for anything done or not done in dealing with registration under the Acts or under these Bye-laws 1-15 inclusive or enforcing the terms of either or the monitoring of compliance with these Bye-laws 1-15 inclusive in any respect, unless the act or omission is shown to have been in bad faith.

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):



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