



# **Application for Registration of a Firm as an Audit Firm**



## Application for Registration as an Audit Firm

**Please study Byelaw 13, Practice & Audit Regulations before completion of this form, available to download at [www.cpaireland.ie](http://www.cpaireland.ie).**

**Note 1:** Return of this form with all sections completed as appropriate is necessary at least 8 weeks in advance of commencement of the audit firm.

**Note 2:** This must be completed by the proposed Audit Compliance Principal of any Firm applying for Audit Registration from CPA.

**Note 3:** Approval as a statutory audit firm and an audit firm established as a body corporate shall also meet the qualification requirement under the Companies Act 2014.

### SECTION 1: FIRM DETAILS

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

**Address of Firm**  
(Head Office)

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**Branch Address**  
if any

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**Telephone**

**Fax:**

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**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

**Audit Affiliates / Responsible Individuals must make a formal application to the Registration Committee. Application forms can be downloaded from the CPA website at [www.cpaireland.ie](http://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	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		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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					
<b>OTHER ASSURANCE SERVICES</b>					

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					
<b>NON-AUDITING SERVICES</b>					
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					
Work for merchant banks, finance houses, hire purchase and credit sales organisations and any other concerns providing finance other than building societies						
All other work						
CALCULATE						
<b>Total practice income from all sources:</b>		<b>Total number of clients:</b>				
<b>Total Annual Fees for past year:</b>		<b>Estimated practice income for forthcoming year:</b>				
<b>State largest fee earned from one client or group of related clients</b>						

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

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

- (a) entities governed by the law of a Member State whose transferable securities are admitted to trading on a regulated market of any Member State within the meaning of point 14 of Article 4(1) of Directive 2004/39/EC of the European Parliament and of the Council of 21 April 2004 on markets in financial instruments amending Council Directives 85/611/EEC and Directive 2000/12/EC of the European Parliament and of the Council and repealing Council Directive 93/22/EC,
- (b) credit institutions as defined in point 1 of Article 3(1) of Directive 2013/36/EU of the European Parliament and of the Council of 26 June 2013 on access to the activity of credit institutions and the prudential supervision of credit institutions and investment firms, amending Directive 2002/87/EC and repealing Directives 2006/48/EC and 2006/49/EC (but excluding credit institutions referred to in Article 2 of Directive 2013/36/EU),
- (c) insurance undertakings within the meaning of Article 2(1) of Directive 91/674/EEC of 19 December 1991 on the annual accounts and consolidated accounts of insurance undertakings.
- (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**

The Institute of Certified Public Accountants in Ireland

# 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"><tr><td style="width: 80%; height: 100px;"></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

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 registration?

Yes

No

*If yes, please state:*

Name of Recognised Accountancy Body: \_\_\_\_\_

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

## 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:

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 1-14 inclusive and will ensure that the firm complies with these Bye-laws 1-14 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 1-14 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 1-14 inclusive or enforcing the terms of either or the monitoring of compliance with these Bye-laws 1-14 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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