



AMENDMENT OF FIRM'S DETAILS

Firms' Name		Practising Certificate Numbers	

Notification of new / amended details of the Firm: *(please ✓ the field next to the title of each paragraph, where there is updated information, and fill in the new information)*

1. Change in firm's name: <i>[please attach: - the new company certificate from the Registrar of Companies, and - the current original practising certificates]</i>
New name:
2. Change in the correspondence and contact addresses
<u>New correspondence address:</u> Street: Town: Postal Code: Country Telephone no: Mobile tel. No.: Fax: Email address: Website address:
3. Change in the Managing Director / Partner
<u>New Managing Director / Partner</u> Name: Email address:
4. Change in the Compliance Officer
Full Name: I.D. Number ICPAC Reg. Number (if member): Position hold in the firm: E-mail Address: Date of appointment:



5. Change in the Owners and Shareholders of the Firm *[copy of the new certificate of Shareholders from the Registrar of Companies to be attached]:*

<u>Name</u>	<u>ICPAC Reg. No.</u>	<u>Correspondence Address</u>	<u>Addition/Removal</u>
1.			
2.			
3.			
4.			
5.			

[if more, attach a separate list]

6. Change in the Members of the Management or administrative body of the Firm *[copy of the new certificate of Directors and Secretary from the Registrar of Companies to be attached]:*

<u>Name</u>	<u>ICPAC Reg. No.</u>	<u>Correspondence Address</u>	<u>Addition/Removal</u>
1.			
2.			
3.			
4.			
5.			

[If more, attach a separate list]

7. Change in the Secretary of the Firm *[copy of the new certificate of Directors and Secretary from the Registrar of Companies to be attached]:*

<u>Name</u>	<u>ICPAC Reg. No.</u>	<u>Correspondence Address</u>	<u>Addition/Removal</u>
.....			

8. Change in the Registered Address *[copy of the new certificate of Registered Address from the Registrar of Companies to be attached]:*

New address:

Street:

Town: Postal Code: Country



Signing on behalf of the Firm

Name: Capacity:

.....

Director / Shareholder / Sole Practitioner

[Delete what is not valid]

Signature:

Date:

Official stamp of the firm / statutory audit firm

For Official Use Only

The document has been received and assessed by:

Name of reviewing Officer:

Signature: Date:

.....



For Official Use Only

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Name of reviewing Officer:

Signature:

Date:

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