Audit qualification – additional information

This form must be completed by all members applying for Certificate of Statutory Auditor. You may provide the information requested on this form in your own format, provided that it contains all of the required information. The information provided on this form must be confirmed by an audit qualified principal.

Please return this form to Institute of Certified Public Accountants of Cyprus, ICPAC (licensing@icpac.org.cy). Please retain a photocopy of the completed form for future reference.

The purpose of this form is to enable you to demonstrate to ICPAC that your audit knowledge is up to date and that you remain competent to do audit work.

A1 APPLICANT'S DETAILS

Full name

Membership number (if known/applicable) | | | | |

A2 AUDIT EXPERIENCE OBTAINED IN LAST TWO YEARS

Please describe the audit experience you have obtained in the last two years. Please include the following information in respect of each audit assignment. If the experience was not gained with an employer, clearly state the manner in which you were supervised in each case:

- Year in which experience achieved
- The nature of the client (eg industry, charitable activities, etc)
- The scope of the audit (eg statutory under the Companies Acts)
- An indication of the size of the client (eg turnover or gross assets, according to the nature of the client)
- Your role in the audit
- The role of the person to whom you were reporting
- Details of members of the audit team reporting to you
- Details of your involvement in the planning and completion of the audit
- Details of professional judgement exercised by you during the audit, discussions held, and conclusions reached.

Continue on a separate sheet if necessary

A3 AUDIT-RELATED CPD UNDERTAKEN IN LAST TWO YEARS

Please provide details of the audit-related CPD activity you have obtained in the last two years. For each audit-related CPD activity, please provide evidence of completion, clearly indicating:

- Description/Title of learning activity undertaken
- Provider of the learning activity (eg name of trainer/learning Institution)
- Number of CPD units claimed for the successful completion of the training activity (1 CPD unit = 1 Hour)
- Date/s of training activity
- Example of acceptable CPD Evidence to be provided includes CPD Certificates, duly authorized by the provider of training activity, containing all information listed above.
- For training activities provided by Approved Employers, supporting evidence required includes confirmation letter regarding the applicant's employment status, accompanied by details of their training record which should include all information listed above.

If you have not achieved any audit-related CPD in the last two years please write 'None'.

A4 CONFIRMATION

I confirm that the information contained in this form is true, accurate and complete to the best of my knowledge and belief. I understand that a false declaration on this form may lead to disciplinary action against me and/or may invalidate any decision related to the application.

I understand that my application for a practicing certificate and audit qualification may be refused if I have not demonstrated that my audit experience and audit knowledge is up to date.

Applicant's signature Date

A5 PRINCIPAL'S CONFIRMATION

I confirm that the information contained in this form is a true and accurate statement of the applicant's circumstances.

Full name

Professional body

Membership number

Signature Date

FOR OFFICE USE ONLY

Processed by Date