



PUBLIC ACCOUNTANTS' AND AUDITORS' BOARD

CERTIFICATE

_____ confirm that:

(Trainee Accountant Initials and Surname)

- I completed the duration of the Training Contract and the prescribed hours of work attendance and core experience as indicated in section 4;
- Throughout the period of the Training Contract, I received training of sufficient breadth and depth as prescribed in the Training Guidelines;
- The information provided by me above is true and fair; and
- I have submitted the trainee exit questionnaire.

I have:

(Mark whichever is appropriate)

| | |
|--|--|
| Achieved all Academic Requirements including both Professional Exams | |
| Achieved all Academic Requirements but only completed Part One of the Professional Exams | |
| Achieved a CTA or equivalent qualification | |
| Achieved an Accredited Degree | |
| Not achieved an Accredited Degree | |

(Trainee Accountant Signature)

(Date)

_____ confirm that:

(Training Officer Initials and Surname)

- The Trainee Accountant referred to in this document completed the duration of the Training Contract and the prescribed hours of work attendance and core experience as indicated in section 4;
- Throughout the period of the Training Contract, the Trainee Accountant received training of sufficient breadth and depth as prescribed in the Training Guidelines;
- The Trainee Accountant referred to in this Certificate has been assessed and judged as competent;
- The Trainee Accountant has conducted * himself/herself throughout the period of the Training Contract in a way that satisfies the ethical requirements and professionalism expected of a future Chartered Accountant and registered Accountant and Auditor;
- I confirm the academic progress status of the trainee as referred to above;
- I therefore recommend his/her registration as a Chartered Accountant and registered Accountant and Auditor provided he/she can comply with the applicable requirements for such admission or registration; and
- The Trainee Accountant referred to in this document achieved the following competencies prescribed by PAAB:

(Training Officer Signature)

(Date)



1 TRAINEE ACCOUNTANT DETAILS (to be completed by the trainee accountant)

Name(s) and surname

PAAB Trainee no.

Contract start date

| | | | | | |
|---|---|---|---|---|---|
| D | D | M | M | Y | Y |
|---|---|---|---|---|---|

Contract end date

| | | | | | |
|---|---|---|---|---|---|
| D | D | M | M | Y | Y |
|---|---|---|---|---|---|

Postal address for future correspondence

| |
|-------------|
| |
| |
| |
| Postal code |

Cell Number

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

e-mail address

2 TRAINING OFFICE DETAILS (to be completed by the trainee accountant)

Name of training office

Address of training office

Name of training officer

3 HISTORY OF PREVIOUS TRAINING CONTRACTS (to be completed by the trainee accountant)

Was your contract previously registered with another training office?

| | |
|-----|----|
| YES | NO |
|-----|----|

If yes, please provide details

| Name of training office | Address of training office | Name of training officer | Period of training | |
|-------------------------|----------------------------|--------------------------|--------------------|----|
| | | | From | To |
| | | | | |
| | | | | |

Were you ever seconded to an environment other than your training office?

| | |
|-----|----|
| YES | NO |
|-----|----|

If yes, please provide details

| Name of office/organisation | Name of office/organisation | Period of secondment | |
|-----------------------------|-----------------------------|----------------------|----|
| | | From | To |
| | | | |
| | | | |

4 RECORD OF HOURS (to be completed by the trainee accountant)

Notes:

1. Record only hours of work attendance and core experience. Exclude hours of absence on all types of leave of absence.
2. A year normally means 12 months, calculated from the commencement date or a subsequent anniversary date of a training contract.
3. If the required number of hours (see regulation 12, if applicable, regulation 13 and regulation 24) are not completed by the registered discharge date, the contract must be extended until the required hours are met (Not exceeding 6 months). Use a separate column for hours completed after the registered discharge date.

| | Year 1 | | | Year 2 | | | Year 3 | | | Year 4 | | | Year 5 | | | TOTALS |
|--------------------------|--------|---|---|--------|---|---|--------|---|---|--------|---|---|--------|---|---|--------|
| From date: | D | M | Y | D | M | Y | D | M | Y | D | M | Y | D | M | Y | |
| To date: | D | M | Y | D | M | Y | D | M | Y | D | M | Y | D | M | Y | |
| Hours of work attendance | | | | | | | | | | | | | | | | |
| Hours of core experience | | | | | | | | | | | | | | | | |

5 ACADEMIC QUALIFICATIONS (to be completed by the trainee accountant)

Indicate your highest educational qualification achieved to date (please attach a certified copy of your degree certificate to this form)

6 ASSESSMENT NEEDS ANALYSIS

Training Officer to attach updated Assessment Form on Trainee Accountant.