



FORM 5

PUBLIC ACCOUNTANTS' AND AUDITORS' BOARD

(Established under Act 51 of 1951)

APPLICATION BY AN INDIVIDUAL TO THE REGISTER OF REGISTERED CANDIDATE AUDITORS

I hereby apply to be registered as a Registered Candidate Auditor (RCA) and I submit the following information in support of my application:

1. Is this your first application to be registered as an RCA? _____
2. If the answer to question 1 is no, please provide your previous registration number and reasons for your previous registration. _____
3. Name in full: (please use block letters)
 - (a) Title: _____
 - (b) Surname (and maiden name, if applicable): _____
 - (c) Forename(s) as per ID: _____
 - (d) Preferred name: _____
4. Addresses: **(Please circle the → next to the address where you would like to receive any individual correspondence that is not sent by email. Please complete all the address details.)**
 - (a) Your physical address: _____

 - (b) Your postal address: _____

 - (c) Your firm's postal address: _____

5. Telephone number: (_____) _____ Fax number: (_____) _____
Cell number: (_____) _____ Email address: _____
6. Identity number: _____ Ethnic group* _____
(Please attach a copy of your identity document)
7. If you do not have a Namibian identity document, please provide the following details:
Passport number: _____ Country of issue: _____
Date of issue: _____ Date of expiry: _____
8. I was registered as a trainee accountant from _____ to _____
and my registration number was _____

9. Do you intend applying for the Recognition of Prior Learning (RPL) for a part of the period since completion of your training contract; if so indicate the period you intend to apply for RPL? Also indicate whether this period was attained in your current firm.

10. I passed the Assessment of Professional Competence (APC) on _____ (date)

ANSWER "YES" OR "NO" TO QUESTIONS 12 TO 16

11. Are there any outstanding or in-progress disciplinary matters against you? If yes, please provide details on a separate page _____
12. Have you at any time been removed from an office of trust because of misconduct related to a discharge of that office? If yes, please provide details on a separate page. _____
13. Have you at any time been convicted, whether in the Republic or elsewhere, of theft, fraud, forgery, uttering a forged document, perjury, an offence under the Prevention and Combating of Corrupt Activities Act, 2004, or any other offence involving dishonesty? If yes, please provide details on a separate page. _____
14. Are you, for the time being, declared by a competent court to be of unsound mind or unable to manage your own affairs? If yes, please provide details on a separate page. _____
15. Are you an unrehabilitated insolvent, have you entered into a compromise with your creditors, or have you been provisionally sequestrated? If yes to any of these questions, please provide details on a separate page. _____
16. Are you a member of a professional body? _____
- 14.1 If you answered yes to question 14, please state the name of the body and your membership number: _____

FIRM INFORMATION

17. Name of a registered audit firm that will offer the Audit Development Programme (ADP) _____
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18. Full name and surname of the Oversight Registered Auditor (ORA) _____
-
19. ORA's PAAB registration number _____
20. ORA's identity number _____
21. ORA's email address _____

PLEASE PROVIDE BRIEF RESPONSES TO THE FOLLOWING QUESTIONS:

Firms with candidates registered on the ADP will be required to go through a monitoring process. The monitoring process is useful for creating an environment that is conducive to the development of professional competence of aspirant Registered Auditors.

22. Has the abovementioned firm been subject to and undergone a PAAB firm inspection in the past three years? _____

23. Does the firm have an audit methodology? Briefly explain.

24. Does the firm have an established quality control system as required by international standards on quality control?

25. Does the firm have policies and procedures in place for acceptance of new clients and continuance with existing clients? Briefly explain.

26. Does the firm have policies and procedures regarding documentation retention? Briefly explain.

FIRM'S JOB PLANNING TOOL

27. Firm's job planning
(Please attach a copy of your firm's job planning documentation or use the provided template. The job planning template should indicate the clients that you have been allocated for either a six-month or 12- month period – refer to the ADP Booklet for more details in this regard.)

I certify that the above information is true and correct in every detail, and I undertake to comply with the Code of Professional Conduct, as updated from time to time by the PAAB. **

Please note that we cannot start processing your application without confirmation of payment.

Please sign:

Date

Signature of applicant

Date

Signature of ORA

* This information is requested in order to gauge the profession's success in becoming more representative of the people in Namibia.

** The PAAB's Code of Professional Conduct is available on our website at www.paab.com.na.