



PUBLIC ACCOUNTANTS' AND AUDITORS' BOARD

FORM TR9

CANCELLATION OF A TRAINING CONTRACT

* PLEASE NOTE:

- Training Regulation 22.15 states “the notification of cancellation must be lodged within 30 days after the trainee accountants’ departure from the training office.
- The Interim Assessment and Trainee Exit Survey must accompany this form.
- Rule 22.16 of the Training Regulations states that “the PAAB may investigate all the circumstances relating to a cancellation, and the cancellation of a training contract will only become effective once the PAAB has confirmed the cancellation.”
- Rules 22.11 deals with “should a trainee wish to continue with his training after his training contract has been cancelled.”
- Rule 22.11.2 of the Training Regulations sets out the automatic penalties that will be imposed on the term of a new training contract, following the cancellation of the previous one.
- Rule 22.13 sets out circumstances where the penalty for cancellation is not imposed.

NOTE: ANY ALTERATIONS TO THIS FORM MUST BE SIGNED BY BOTH THE TRAINEE ACCOUNTANT AND THE TRAINING OFFICER

1 **TRAINEE DETAILS** (must be completed by the trainee accountant)

PAAB NUMBER:

Title First names¹

Surname²

ID number

E-mail address Cell No:

Postal address for future correspondence _____

¹ As indicated in the trainee’s identification document.
² As indicated in the trainee’s identification document.
TR9 Cancellation – January 2019

2 TRAINING OFFICE DETAILS (must be completed by the training officer)

Title Initials Surname

Training office name Branch

Telephone no. Fax no.

Training officer e-mail address

3 REASON FOR CANCELLATION (complete **EITHER** section A **OR** section B)

SECTION A

Cancellation mutually agreed by the trainee and the training officer

The reason for the cancellation is as follows (please tick ONE of the options below):

| | |
|-------------------------------------------------------------------------------------------------------|--------------------------|
| Trainee has resigned (State Reason) (attach copy of resignation letter) | <input type="checkbox"/> |
| Trainee has been retrenched (attach a copy of the retrenchment letter) | <input type="checkbox"/> |
| Emigration by trainee | <input type="checkbox"/> |
| Full-time study by trainee | <input type="checkbox"/> |
| Relocation by the trainee to a place from which he/she cannot commute to the existing training office | <input type="checkbox"/> |
| De-accreditation of the training office by the PAAB | <input type="checkbox"/> |
| Training office has ceased to exist | <input type="checkbox"/> |

Other (please specify): _____

The cancellation is effective from: (the day the trainee leaves the training office)

| | | |
|----|----|----|
| DD | MM | YY |
|----|----|----|

We certify that the above information, including the reason advanced for the cancellation, is true and correct.

Training officer signature

Date signed

Trainee accountant signature

Date signed

DOCUMENTS TO BE SUBMITTED FOR SECTION A

The documents listed below must be submitted to SAICA together with this application.

PLEASE NOTE THAT THE PAAB WILL NOT PROCESS ANY APPLICATIONS FOR CANCELLATION OF A TRAINING CONTRACT IF THE APPLICABLE DOCUMENTS ARE NOT ENCLOSED

Documents included (tick where appropriate)

Completed Interim Assessment form

A copy of the retrenchment letter (If applicable)

A copy of the resignation letter (If applicable)

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

SECTION B

Unilateral cancellation by the training officer

The reason for the cancellation is as follows (please tick **ONE** of the options below):

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Trainee absconded / trainee failed to report for work although he was not entitled to leave or sick leave in terms of the employment contract. | |
| Trainee's continued absence following SAICA's decision not to grant an application for suspension | |
| Trainee is deceased | |
| Contravention of the academic progress rule (cannot take place within six months from the end of the training contract) | |
| Trainee was dismissed following a disciplinary hearing (attach a copy of the transcript of the hearing) | |
| Trainee's registration at university has been cancelled or trainee has failed to gain admission in the next academic year | |
| Trainee failed to sit for an examination without an acceptable reason | |
| Incapacity (attach a medical certificate) | |
| A trainee's decision not to continue with his/her studies in a course that will lead to a CTA or equivalent being awarded | |
| Failure to return to the training office after a period of approved suspension | |
| Failure to provide the training office with the prescribed proof of enrolment within 10 months of the effective date of the training contract | |

Other (please specify):

The cancellation is effective from: (the day the trainee leaves the training office)

| | | |
|----|----|----|
| DD | MM | YY |
|----|----|----|

I certify that the above information, including the reason advanced for the cancellation, is true and correct.

Training officer signature

Date signed

DOCUMENTS TO BE SUBMITTED FOR SECTION B

The documents listed below must be submitted to The PAAB together with this application.

PLEASE NOTE THAT PAAB WILL NOT PROCESS ANY APPLICATIONS FOR CANCELLATION OF A TRAINING CONTRACT IF THE APPLICABLE DOCUMENTS ARE NOT ENCLOSED

Documents included (tick where appropriate)

Completed Interim Assessment form

A copy of the transcript of the hearing (If applicable)

A copy of the medical certificate (If applicable)

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