

**Form 9**  
**(reg. 8 (I))**



**APPLICATION FOR REGISTRATION OF AUDIT FIRM OF PUBLIC  
INTEREST ENTITY**

1. Details of the Firm		
(a)	Full name of the firm (Head Office)	
(b)	Legal status (either a sole practitioner or partnership)	
(c)	Any acronym or abbreviation by which the firm is also known	
(d)	Postal address of firm	
(e)	Physical address of firm	
(f)	Telephone number	
(g)	Fax number	
(h)	Firm's e-mail address	
(i)	Firm's website address	
(j)	Name of senior/managing partner/CEO	

2. Primary contact person for this registration		
(a)	Surname of primary contact	
(b)	Forename(s) of primary contact	
(c)	Postal address of primary contact	
(d)	Physical address of primary contact	
(e)	Telephone number of primary contact	
(f)	Fax number of primary contact	
(g)	E-mail address of primary contact	

3. Other offices*	
(a)	If so, please provide the following information for each office of the firm.**
	1. Full names of Partner in charge
	2. Postal address
	3. Physical address
	4. Telephone number
	5. Fax number
	6. Email address

4. Is the firm a member of a network firm? If so, please provide details of the network. See notes below for a definition of network firm. (If necessary attach a separate sheet).
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5. Other Registrations	
(a)	Is the applicant registered as an audit firm in another country?
(b)	Are there any applicants for registrations pending in another jurisdiction?

6.1 Registered Certified Auditors in the firm
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An office is defined as a place of work geographically separate from the address provided in 1 above, but which is not a separate entity from the firm registered under this form

A network firm is defined in the IFAC Code as a firm or entity that belongs to a network. A network is a larger structure that is:

- (a) Aimed at co-operation and
- (b) Clearly aimed at profit or cost sharing or shares common ownership, control or management, common quality control policies and procedures, common business strategy, the use of a common brand name, or a significant part of professional resources.



**C.166**

**7. Details of PIEs Audited**

(If necessary, continue on a separate sheet)

Name of PIE	Fees		Name of PIE	Fees	
	Audit	Other		Audit	Other

**8. Details of Professional Indemnity Insurance**

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**9. Results of most recent Audit Practice Review**

Firm Review	
Engagement Reviews	

10. Accounts contact person	
(a) Name	
(b) E-mail address	
(c) Director telephone number	
(d) Direct fax number	
(e) If the firm has branches, do you wish the consolidated statements for all members of the firm to be sent to your head office or to each branch?	

11. Is the Firm Accredited with BICA and BQA as a training office?	
11.1 Training Officer Details	
<p>If the firm has one training officer in the head office who is responsible for the head office and branches, please complete the details below. If each branch of the firm has its own training officer, please provide details of the training officer on a separate sheet per branch. If the firm does not have a training officer, please leave this section blank and notify BAOA accordingly if and when a training officer is appointed.</p>	
(a) Name (b) BAOA registration number (c) Direct telephone number (d) Direct fax number (e) E-mail address	

12. Branches	
<p>For each branch, please provide the following information. If the firm has more than one branch, please photocopy this page or use a separate sheet.</p>	
(a) Name by which branch is known (b) Telephone number of branch (c) Fax number of branch (d) E-mail address of branch (e) Postal address of branch (f) Physical address of branch	

13. Signature and Declarations	
<p>Fill in this form and submit it to the following address:</p> <p>Botswana Accountancy Oversight Authority            Plot # 145, Block B, 5th Floor, Lake View Office Park.            Gaborone International Finance Park            P. Bag 0056            Gaborone            Botswana            Tel: +267 3919735, Fax: +267 3919737            Email: <a href="mailto:baoa@baoa.org.bw">baoa@baoa.org.bw</a>; Website: <a href="http://www.baoa.org.bw">www.baoa.org.bw</a>.</p>	
<p>1. We confirm that the information in this form is complete and true.</p>	
<p>2. We acknowledge the role, duties and powers of BAOA and agree to cooperate fully during its reviews.</p>	
<p>3. The firm and individuals listed above in the form undertake to be bound by the Disciplinary provisions of BAOA as a result of the Firm's or individuals' actions or omissions.</p>	
<p>4. We have paid P_____ to BAOA as registration fees.</p>	
<p>5. We understand that an annual registration fee will be due upon lodging an application and thereafter at the commencement of BAOA's financial year and upon receiving an invoice from BAOA.</p>	
(a) Surname	
(b) Forename(s)	
(c) Function	
(d) Date	
(e) Signature (on behalf of the applicant)	

Attachments Required	
	<p>All Applications must be accompanied by;</p> <ol style="list-style-type: none"> <li>1. Copy of professional indemnity insurance policy</li> <li>2. Copy of results of the latest audit practice review results</li> </ol>