

Form 9 (A)
(reg. 10 (1))



APPLICATION FOR REGISTRATION OF AUDIT FIRM

1.	Details of entity	
(a)	Full name of the firm (Head Office)	
(b)	Legal status of (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 primary contact	
(f)	Fax number primary contact	
(g)	E-mail address primary contact	

6. Details of Entities Audited

(If necessary, continue on a separate sheet)

Name of Entity	Fees		Name of PIE	Fees	
	Audit	other		Audit	Other

7. Details of Professional Indemnity Insurance

--

8. Results of most recent Audit Practice Review

Firm Review	
Engagements	

9 Accounts contact person

(a) Name

(b) Email 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?

10. If the Firm Accredited with BICA and BQA as a training office?

10.1 Training Officer Details

--

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 the training officer is appointed.

(a) Name	
(b) BAOA registration number	
(c) Direct telephone number	
(d) Direct Fax number	
(e) E-mail address	

11. Branches

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.

(a) Name of 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 if branch	

12. For sole Practitioners, details, including, continuity of practice agreements should be provided.