



Application for registration as an auditor

Related form:

903AB Application for registration as an authorised audit company

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) and submit as part of this lodgement

Lodgment details

Who should ASIC contact if there is a query about this form?

Firm/organisation

Contact name/position description

ASIC registered agent number (if applicable)

Telephone number

Postal address or DX address

1 Applicant details

Family name

Given name

Date of birth

/ /
[D] [D] [M] [M] [Y] [Y]

Place of birth (town/city)

(state/country)

Residential address

Street number and street name

Suburb/City

State/Territory

Postcode

Country (if not Australia)

Phone number

Fax number

Email address

2 Principal place of practice

At the office of, C/- (if applicable)	
<input type="text"/>	
Office, unit, level	
<input type="text"/>	
Street number and street name	
<input type="text"/>	
Suburb/City	State/Territory
<input type="text"/>	<input type="text"/>
Postcode	Country (if not Australia)
<input type="text"/>	<input type="text"/>
Phone number	Fax number
<input type="text"/>	<input type="text"/>
Email address	
<input type="text"/>	

3 Other place of practice

Complete if the company has another place of practice

At the office of, C/- (if applicable)	
<input type="text"/>	
Office, unit, level	
<input type="text"/>	
Street number and street name	
<input type="text"/>	
Suburb/City	State/Territory
<input type="text"/>	<input type="text"/>
Postcode	Country (if not Australia)
<input type="text"/>	<input type="text"/>
Phone number	Fax number
<input type="text"/>	<input type="text"/>
Email address	
<input type="text"/>	

3 Continued ... Additional other place of practice

Complete if the company has another place of practice

At the office of, C/- (if applicable)	
<input type="text"/>	
Office, unit, level	
<input type="text"/>	
Street number and street name	
<input type="text"/>	
Suburb/City	State/Territory
<input type="text"/>	<input type="text"/>
Postcode	Country (if not Australia)
<input type="text"/>	<input type="text"/>
Phone number	Fax number
<input type="text"/>	<input type="text"/>
Email address	
<input type="text"/>	

4 Capacity

Individual

If you intend to practise as an auditor under a name or style other than your own name, provide business name, registration number and State or Territory of registration

Address

In what capacity do you intend to practise?

As an individual auditor

Yes

No

If yes then complete the following details

ABN

Business name

Business name registration number

State/Territory of registration

Office, unit, level

Street number and street name

Suburb/City

State/Territory

Postcode

Country (if not Australia)

Phone number

Fax number

Email address

Audit firm

Address

As an employee of an audit firm

Yes

No

If yes then complete the following details

ABN

Firm name

Office, unit, level

Street number and street name

Suburb/City

State/Territory

Postcode

Country (if not Australia)

Phone number

Fax number

Email address

Member

As a member (partner) of an audit firm

Yes

No

If yes then complete the following details

ABN

Firm name

4 Continued ... Capacity

Address

Office, unit, level

Street number and street name

Suburb/City

State/Territory

Postcode

Country (if not Australia)

Phone number

Fax number

Email address

As a director of an authorised audit company

Is the company registered as an authorised audit company?

Yes No

If yes then complete the following details

Auditor registration number

Company name

As an employee of an authorised audit company

Is the company registered as an authorised audit company?

Yes No

If yes then complete the following details

Auditor registration number

Company name

5 Membership

Are you a member of a professional accounting body?

Yes No

If yes, please select which professional bodies

CPA Australia

National Institute of Accountants

The Institute of Chartered Accountants in Australia

Other, please specify

6 Residency

Are you resident in Australia?

Yes No

If yes, has there been any time in the last five years when you were not resident in Australia?

Yes

If yes, provide the following details:

Start date of overseas residency

/ /
[D] [D] [M] [M] [Y] [Y]

End date of overseas residency

/ /
[D] [D] [M] [M] [Y] [Y]

Place of overseas residency

Reasons for overseas residency

7 Qualifications and skills

Qualifications

Do you hold a degree, diploma or certificate from a prescribed university or another prescribed institution in Australia?

Yes No

If yes, do you have a certificate from the prescribed university or institution certifying that you have passed examinations representing a course of study:

- (i) in accountancy (including auditing) of not less than 3 years duration; and
- (ii) in commercial law (including company law) of not less than 2 years duration?

Yes No

Have you satisfactorily completed a course in auditing prescribed by the Corporations Regulations 2001?

Yes No

If 'no' to any of the previous questions relating to qualifications:

Do you have any other qualifications or experience that ASIC may consider equivalent to the aforementioned requirements?

Yes No

Skills

On what basis are you applying for registration as an auditor?

Practical experience

Auditing competency standard approved by ASIC

8 Supervisor/ assessor details

If you are applying on the basis of your practical experience, provide details of the auditors under whose supervision you have obtained your practical experience.

If you are applying on the basis that you have satisfied the requirements of an auditing competency standard approved by ASIC, provide details of the auditors who have assessed you and/or who are providing referee statements.

Auditor number (if applicable)	
<input type="text"/>	
Name	
<input type="text"/>	
Office, unit, level	
<input type="text"/>	
Street number and street name	
<input type="text"/>	
Suburb/City	State/Territory
<input type="text"/>	<input type="text"/>
Postcode	Country (if not Australia)
<input type="text"/>	<input type="text"/>
Phone number	Fax number
<input type="text"/>	<input type="text"/>
Email address	
<input type="text"/>	
Supervisor/assessor from	
<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	to <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
[D] [D] / [M] [M] / [Y] [Y]	[D] [D] / [M] [M] / [Y] [Y]

8 Continued... Additional supervisor/assessor details

Auditor number (if applicable)	
<input type="text"/>	
Name	
<input type="text"/>	
Office, unit, level	
<input type="text"/>	
Street number and street name	
<input type="text"/>	
Suburb/City	State/Territory
<input type="text"/>	<input type="text"/>
Postcode	Country (if not Australia)
<input type="text"/>	<input type="text"/>
Phone number	Fax number
<input type="text"/>	<input type="text"/>
Email address	
<input type="text"/>	
Supervisor/assessor from	
<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	to <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
[D] [D] / [M] [M] / [Y] [Y]	[D] [D] / [M] [M] / [Y] [Y]

9 Fit and proper

Disciplinary action

Are you disqualified from managing a corporation under Part 2D.6 of the *Corporations Act 2001* or under previous legislation?

Yes No

Have you ever been disqualified from managing a corporation under Part 2D.6 of the *Corporations Act 2001* or under previous legislation?

Yes No

Are you or have you ever been excluded from practise as an auditor or liquidator, or had registration as an auditor or liquidator suspended or been subject to any other disciplinary action by any of the following bodies?

- ASIC
- APRA
- The Companies Auditors and Liquidators Disciplinary Board
- The Institute of Chartered Accountants in Australia
- A Tax Agents Board
- Any other body having authority in Australia or elsewhere relating to the registration or disciplining of auditors or liquidators

Yes No

Do you have a status equivalent to that of an insolvent under administration under the law of a country other than Australia or under the law of an external territory?

Yes No

Do you have any legal or disciplinary proceedings pending against you, or to which you may have been a party, that would require disclosure under any of the above items, or that relates to the conduct of an audit (whether the audit was under the *Corporations Act 2001* or otherwise)?

Yes No

Do you have a conviction in Australia or elsewhere for which you were dealt with :

- as a minor and which conviction is less than 5 years old or which is more than 5 years old and for which the sentence imposed was more than 30 months imprisonment?

Yes No

- as an adult and which conviction is less than 10 years old or which is more than 10 years old and for which the sentence imposed was more than 30 months imprisonment?

Yes No

Prior registrations

Have you ever made a prior application for registration as an auditor or liquidator that has been refused or is there any other application pending?

Yes No

Resignations

In the last five years have you resigned (other than where paragraph 324(8)(c) applies) or been removed from office as an auditor or liquidator

Yes No

10 Capability declarants

Provide details of all persons who are making capability declarations in support of your application.

Auditor number (if applicable)	
<input type="text"/>	
Name	
<input type="text"/>	
Office, unit, level	
<input type="text"/>	
Street number and street name	
<input type="text"/>	
Suburb/City	State/Territory
<input type="text"/>	<input type="text"/>
Postcode	Country (if not Australia)
<input type="text"/>	<input type="text"/>
Phone number	Fax number
<input type="text"/>	<input type="text"/>
Email address (optional)	
<input type="text"/>	
Occupation	
<input type="text"/>	

10 Continued... Additional capability declarants

Auditor number (if applicable)	
<input type="text"/>	
Name	
<input type="text"/>	
Office, unit, level	
<input type="text"/>	
Street number and street name	
<input type="text"/>	
Suburb/City	State/Territory
<input type="text"/>	<input type="text"/>
Postcode	Country (if not Australia)
<input type="text"/>	<input type="text"/>
Phone number	Fax number
<input type="text"/>	<input type="text"/>
Email address (optional)	
<input type="text"/>	
Occupation	
<input type="text"/>	

11 Documents to be attached

Attachments

You must provide proofs and evidence to support your application. Details of what is required to be provided is contained in Regulatory Guide 180. A copy of the Regulatory Guide may be obtained from our website www.asic.gov.au or by contacting us on 1300 300 630. Each attachment must be labelled as shown below.

Label sample

Applicant name:
Attachment name:
Number of pages:
Date prepared:
Special status (if any) eg Commercial-in-Confidence, Draft only, etc :

Privacy Notice

The personal information given in, or attached to, this application is collected for the purpose of assisting ASIC to assess whether it should register you as an auditor. ASIC is empowered to collect that information and will not use or disclose it for any other purpose unless:

- (a) the person to whom it relates has consented to the use or disclosure; or
- (b) the use or disclosure is otherwise permitted under the Privacy Act (Cth).

For more details, see the Privacy Statement on our website www.asic.gov.au.

12 Declarations and consents

Declaration

I declare that, to the best of my knowledge, information and belief, the information contained in and attached to this Form 903AA is true and correct.

Consent

I consent to:

- (a) the disclosure of information contained in and attached to this Form 903AA by ASIC to Federal, State or Territory police, relevant professional and industry bodies, other Commonwealth, State or Territory government departments or agencies, or any other person named in this Form 903AA or in any information attached to this Form 903AA; and
- (b) the disclosure of any relevant information by any of the bodies or persons referred to in paragraph (a) to ASIC, for the purpose of assisting ASIC to verify that the information contained in and attached to this Form 903AA is true and correct.

Warning

It is an offence under the *Corporations Act 2001* to provide false or misleading information to ASIC. False or misleading information in an application (including a material omission) may also be grounds for cancellation or suspension of registration as a company auditor.

Name

Signature

Date signed

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
[D	D]		[M	M]		[Y	Y]

Lodgement

Send completed and signed forms to:
Australian Securities and Investments Commission,
PO Box 4000, Gippsland Mail Centre VIC 3841.

Or lodge the form electronically by visiting the ASIC website
www.asic.gov.au/auditregistration

For more information

Web www.asic.gov.au
Need help? www.asic.gov.au/question
Telephone 1300 300 630

Guide: Application for registration as an auditor

This guide does not form part of the prescribed form. It is included by ASIC to assist you in completing and lodging the Form 903AA.

Related form:

903AB Application for registration as an authorised audit company

Additional information

Regulatory Guide 180 *Auditor registration* is available on the ASIC website at www.asic.gov.au/auditregistration or call our Infoline on 1300 300 630.

You can apply online to register as an auditor at www.asic.gov.au/auditregistration.

Lodgement fee

A lodgement fee applies to this form.

For information on fees refer to www.asic.gov.au/forms

Privacy

The information provided to ASIC in this form may include personal information. Please refer to our privacy policy (www.asic.gov.au/privacy) for information about how we handle your personal information, your rights to seek access to and correct personal information, and to complain about breaches of your privacy.

Lodgement

Send completed and signed forms to:
Australian Securities and Investments Commission,
PO Box 4000, Gippsland Mail Centre VIC 3841.

Or lodge the form electronically by visiting the ASIC website
www.asic.gov.au/auditregistration

For more information

Web www.asic.gov.au
Need help? www.asic.gov.au/question
Telephone 1300 300 630