



Application to become a Recognised Auditor

The entity making this application may not hold itself out as a recognised auditor unless we have either confirmed in writing that the application has been successful.

1 How to complete this application form

- Where necessary, guidance is given before the question. Please read the guidance before you complete the question.
- If you run out of space, please attach additional sheets.
- In these notes, the “Rules” are the Crown Dependencies’ Audit Rules and Guidance.
- In these notes, the Companies Law has the meaning as given in Schedule 1 of Part 1 of the Rules.

2 Firm details

Name of applicant to become a recognised auditor	
Name of recognised accountancy body that applicant is a member of	
Firm number of applicant (if known)	

3 Type of practice

What legal form does the applicant take (e.g. Partnership, LLP, Company etc.)	
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4 Principal office

Principal office from which the market traded companies will be audited – the office to which the registrar will send all communication			
Address			
Phone			
Other address from which market traded companies may be audited			
Phone			
Trading names are when trading occurs under more than one name but with the same owners. This does not include instances where, for example, the partnership structure is different to that of the firm applying to become a recognised auditor.			
Trading name (if applicable)			
Do you intend to use the trading name when signing audit reports?			
Name of audit compliance principal			
If the audit compliance principal does not work from the principal office of the applicant, please give his/her office address.			
Address (if different from above)			
Postcode			
Phone		Fax	
Email address			

5 Principals

In section 5a, please list only those principals of the applicant who are resident in the Isle of Man, indicating those whom the firm has designated as responsible individuals for purposes of conducting the audits of market traded companies.

In section 5b, please list all employees whom the applicant has designated as responsible individuals wherever resident.

Office – Please give the location of the office from which the principal or employee normally practises.

Responsible individuals (RIs) – these are the individuals who can undertake audit work and sign audit reports of market traded companies on behalf of the applicant. Only principals and employees who are members of a recognised accountancy body are eligible to apply to become responsible individuals, not consultants or sub-contractors.

Please ensure that a fully completed and signed “Notification of the Appointment of a Responsible Individual” form is included in the application for each person proposed as a responsible individual.

5a Principals who are resident in the Isle of Man

Surname	First names	Date of birth	Office location	Responsible individual: Yes/No	Practising Certificate held: Yes/No	Body with which membership is held	Membership number

5b Responsible individuals – wherever resident

Surname	First names	Date of birth	Office location	Principal or employee	Practising Certificate held: Yes/No	Body with which membership is held	Membership number

6 Details of Isle of Man [Jersey/Guernsey] Market Traded Audit Clients (“Market Traded Company”)

Companies under common control should be treated as a single client for purposes of this section.

Name of Market Traded Company	Name of Regulated Market on which the securities are listed	Principal Activity of the Market Traded Company	Approximate Turnover of Market Traded Company

7 Signature and confirmations

Data Protection Notice

The Authority is registered with the Information Commissioner as a data controller under Isle of Man data protection legislation. The Authority collects and processes personal data to carry out its functions under relevant legislation and may share personal data with other parties where there is a legal basis for doing so. Information on how the Authority collects and processes personal data can be found in the [Privacy Policy](https://www.iomfsa.im/terms-conditions/privacy-policy/) on the Authority's website: <https://www.iomfsa.im/terms-conditions/privacy-policy/>. Please call +44 (0)1624 646000 if you have any queries. **Please note: the Authority may pass the information contained in this form to the Institute of Chartered Accountants in England and Wales ('ICAEW'), the Financial Reporting Council Ltd ('FRC'), to other recognised supervisory bodies, or as required by law to enable it to perform its functions.**

I certify that, to the best of my knowledge and belief, the information in, or provided with, this application is a true and accurate statement of the applicant's circumstances.

I confirm that:

- the control of this firm complies with the requirements of the Companies Law;
- I have taken steps to ensure that all principals and employees involved in audit work are competent to undertake audit work.
- the firm will comply with the Rules at all times;
- I confirm that the firm agrees to pay the costs of oversight and such fees, including any costs incurred by any person or body exercising a regulatory or supervisory role, as are necessary for the continued entry of the applicant on the register, at the times and rates as determined from time to time.

I acknowledge that the information contained in this form may be provided to the ICAEW, FRC, other recognised supervisory bodies, or as required by law to enable the Authority to perform its functions.

Signature of the audit compliance principal with overall responsibility for making sure the firm complies with the Rules and who has provided the confirmations above:	
Name	
Date	
I have attached a total of ____ additional sheets.	

8 Registration fee

I enclose a cheque for £ 1,170 (payable to the Isle of Man Government) as payment of the registration fee.

The applicant will receive a receipted invoice for the registration fee.

9 Completion checklist

Before you return the completed application form, please:

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| ▪ make sure that you have completed all questions; | <input type="checkbox"/> |
| ▪ enclose a cheque for the registration fee; | <input type="checkbox"/> |
| ▪ include "Notification of the Appointment of a Responsible Individual" Forms with the form; | <input type="checkbox"/> |
| ▪ include any additional sheets with the form; | <input type="checkbox"/> |
| ▪ sign and date the form; | <input type="checkbox"/> |
| ▪ keep a copy of this form for your records; and | <input type="checkbox"/> |
| ▪ send it to the address shown on the front page. | <input type="checkbox"/> |

We will send you an acknowledgement when we receive your application.