

MEMBERSHIP APPLICATION FORM

Email the completed form to hendrik@gtpauditors.co.za

Date: ____ / ____ / 20__

Please complete all sections in full. This application is for Registered Auditors (RAs) in good standing with IRBA, as contemplated by the ARA Constitution. Attach supporting documents where indicated. Incomplete applications may delay processing.

Section A: Applicant Details

Title and Full Name:

IRBA Registration Number (RA):

ID / Passport Number:

Email Address:

Mobile Number:

Physical Address:

Section B: Firm/Practice Details

Firm/Practice Name:

Firm Reg. Number:

Practice Type:

Sole proprietor Partnership Incorporated Network Other

Number of Partners/Directors:

Number of Professional Staff:

Website:

Section C: Membership Category

Full Member (Registered Auditor) Honorary Member (by Council approval)

MEMBERSHIP APPLICATION FORM

Section D: Participation Panels (Optional)

Rotation Panel:

I wish to be considered for client rotation referrals:

Yes No

Industries/client sizes suited for rotation referrals: *(brief description)*

Geographic availability for rotations:

National Provincial City(ies)

Independence considerations that may limit rotation: *(existing relationships, networks)*

Independent Review Panel:

I wish to be considered for independent reviews/EQCR/quality reviews:

Yes No

Relevant experience for reviews: *(standards applied, sectors, complexity)*

Highest audit/review level handled: *(e.g., listed entities, PFMA/MFMA, IFRS for SMEs, IFRS, Insurance entities, FSCA)*

Section E: Fit & Proper Compliance

I confirm that I am registered and in good standing with IRBA:

Yes No

IRBA good-standing evidence attached: *(letter/certificate)*

I confirm ongoing compliance with CPD requirements:

Yes No

MEMBERSHIP APPLICATION FORM

In the last 5 years, have you been the subject of any disciplinary findings by IRBA or another regulator?:

Yes No

If yes, please provide details and outcome:

Do you have any current matters under investigation?:

Yes No

If yes, please provide details:

Section F: Conflicts, Independence & Ethics

Networks/associations that may affect independence:

Other potential conflicts or restrictions:

I undertake to comply with the IRBA Code of Professional Conduct and ARA's

Constitution, policies and disciplinary procedures:

Yes

Section H: Supporting Documents Checklist

Please attach copies of: IRBA registration; ID/Passport; Brief CV (summary of experience); Proof of address; Any relevant certifications.

MEMBERSHIP APPLICATION FORM

Section I: Popia Consent & Declarations

I consent to the Association processing my personal information for the purposes of membership administration, compliance verification, communications, and allocation/consideration for the Rotation Panel and Independent Review Panel. I understand information may be shared with relevant stakeholders solely for these purposes and in line with applicable law. I confirm all information provided is true and correct to the best of my knowledge. I will notify ARA of any changes that may affect my eligibility or independence.

I consent to my basic contact details being shared with members and potential referrers for rotation and/or review engagements:

Yes No

Section J: Signature

Full Name:

Place:

Date:

Signature:

Note: Submission of this form does not guarantee admission or placement on any panel. Selection remains at the discretion of the ARA Council/committees.

Email the completed form to hendrik@gtpauditors.co.za