

Application for an Overseas Auditor Licence under the Trans-Tasman Mutual Recognition Act 1997

Personal details

1. (a) Legal name: _____
- (b) Are you, or have you ever been, known by any other name(s)? e.g. maiden names or aliases
- Yes No

Other name(s): _____

2. Date of birth: _____
3. Gender: Female Male

4. Residential address:

Street address _____

Suburb _____

Town or city _____

State _____

PO Box _____

Post Code _____

Country _____

Business information

5. Are you a: Partner or Director of an Audit firm
- Employee of an Audit firm
- Sole Trader

Initial: _____

6. Business Details :

Business name _____

Street number _____

Street name _____

Suburb _____

Town or City _____

PO Box _____

Postcode _____

Country _____

7. Email address: _____

8. Firm website address: _____

9. Telephone Numbers: (Please include international code)

(a) Mobile number _____

(b) Business daytime number _____

Application to be licensed

10. I apply to Financial Markets Authority (FMA) for a license as an auditor under section 12 Auditor Regulation Act 2011.

Yes No

11. I seek registration in accordance with the Trans-Tasman mutual recognition principle in relation to occupations.

Yes No

12. I am registered with the Australian Securities and Investments Commission as a registered company auditor.

Yes No

13. Please list all licenses, authorisations, registrations or other approvals you hold to carry out audit work in New Zealand, Australia, or any state of Australia.

(a) I have no other licenses, authorisations, registrations or other approvals to disclose:

Initial: _____

(b) I hold the following licenses, authorisations, registrations or other approvals to carry out audit work:

Please attach to coversheet B a copy of your registration as a registered company auditor and a copy of each other licence, authorisation, registration or other approval to carry out audit work. If any conditions are not stated on that licence, authorisation, registration or other approval please attach documents which set out those conditions.

I confirm this is attached

14. I am not, in relation to any licence, authorisation, registration or other approval to carry out audit work in New Zealand, Australia, or any state of Australia:

(a) the subject of any preliminary investigation(s) or action that might lead to disciplinary proceedings; or

(b) the subject of any disciplinary proceedings.

I confirm this is correct

15. No licence, authorisation, registration or other approval I hold, or have held, to carry out audit work in New Zealand, Australia, or any state of Australia has been cancelled or is currently suspended as a result of disciplinary action.

I confirm this is correct

16. I am not personally prohibited from carrying on the occupation of auditor in New Zealand, Australia, or any state of Australia as a result of criminal, civil, or disciplinary proceedings.

I confirm this is correct

17. I am not subject to any special conditions in carrying on the occupation of auditor in New Zealand, Australia, or any state of Australia, as a result of criminal, civil, or disciplinary proceedings.

I confirm this is correct

Initial: _____

Conditions

Under the Trans-Tasman Mutual Recognition Act FMA may impose conditions on a licence to achieve equivalence of occupation, provided that no condition imposed may be more onerous than a condition that would be imposed on NZ licensees in similar circumstances. To assist FMA to assess what conditions it should impose on your licence, please provide the information requested under the headings below.

Kinds of issuer audits to be licensed

18. I wish to apply for an Auditor's licence to provide audit services for :

All issuer audits

-OR-

The specific kinds of issuer audits listed below:

Quality review

19. Is your practice subject to quality reviews at least once every three years by a regulatory body?

Yes

No

Please attach to coversheet C a description of the quality review arrangements your practice is subject to.

I confirm this is attached

- AND -

Please attach to coversheet C a copy of the most recent quality review report on you or your practice.

I confirm this is attached

Systems, procedures and policies

20. Does your practice have systems, policies and processes in place within your audit practice which materially meets the requirements to the level of Professional and Ethical Standard 3 – Quality Control ('PES 3'), Professional and Ethical Standard 2 – Independence in Assurance Engagements ('PES 2') and Professional and Ethical Standard 1 – Ethical Standards for Assurance Providers ('PES 1')?

Yes

No

Initial: _____

Please attach to coversheet D documentary documents summarising your practice's systems policies and procedures, and how they comply with PES 1, PES 2 and PES 3, ensure that engagement quality control reviews of issuer audits are undertaken by a licenced auditor, and otherwise facilitate compliance with applicable auditing and assurance standards.

I confirm these are attached

Professional indemnity cover

21. Does your practice have in place a current professional indemnity insurance cover which is adequate and appropriate for the nature and scale of your firm's business activities and meets the requirements of your practice's home country audit regulator?

Yes No

Please attach to coversheet E evidence providing full particulars of your practice's current professional indemnity insurance cover in line with the requirements set out in the Application Guide.

I confirm this is attached

Access to New Zealand knowledge and experience

22. Please attach to coversheet F a description of any steps you have taken to gain knowledge of New Zealand commercial law and taxation. Please also provide a description of any resources or arrangements your practice has to ensure that knowledge of New Zealand commercial law and taxation is available to you where this is relevant to an audit you are undertaking.

I confirm this is attached

Experience on issuer audits

23. Please attach to coversheet G a brief description of the recent experience you have auditing entities which have offered securities to the public in New Zealand or Australia pursuant to regulated offers.

I confirm this is attached

Membership of a professional body

24. I am a member of the following professional body (tick one or more as appropriate):

- CPA Australia Limited;
- The Institute of Chartered Accountants of Australia;

Initial: _____

- The Institute of Practicing Accountants;
- The New Zealand institute of Chartered Accountants;
- Other overseas accounting professional body:

Name: _____

-OR-

- I am not a member of any accounting professional body.

Please attach to coversheet H documents confirming your membership status with of the professional body or bodies.

I confirm this is attached

On-going Competence - Continuing Professional Development

25. Please attach to coversheet I a brief description of the continuing education or continuing professional development requirements that apply to you.

I confirm this is attached

Consent

In making this application, I consent to FMA :

- (a) making inquiries of, and the exchange of information with, the authorities in Australia (including Australian Securities and Investments Commission) regarding my activities as an auditor or any other matters relevant to this application.
- (b) collecting, holding, using and disclosing information about me, including any information which may be personal information for the purposes of the Privacy Act 1993, for the purposes of effectively performing out its functions, or meeting its obligations, under the Auditor Regulation Act 2011, the Financial Markets Authority Act 2011 or any other legislation.

I give consent

Application Fee payment

Please confirm that you will pay FMA the following fees;

- (a) application and registration fee of NZ\$465.00 payable on lodging this form to the account nominated below; and
- (b) assessment fee being the amount to be invoiced to the applicant on completion of the assessment and calculated for each hour spent on assessing the application as follows:

Initial: _____

- (i) NZ\$230.00 for each hour of work on the application by an FMA Board or associate board member; and
- (ii) NZ\$166.62 for each hour of work on the application by an FMA employee

I confirm

Please ensure that you insert your name and '*Auditor application initial payment*' on your initial payment's details. All payments must be made directly to the following account:

Westpac
318 Lambton Quay
Wellington
Financial Markets Authority
03 0584 0198005 00
SWIFT CODE: WPACNZ2W

Your application will not be considered until the initial payment has been received.

Statutory Declaration

Section 19 (3)(c) of the Trans-Tasman Mutual Recognition Act 1997 requires that an applicant must verify the statements and other information provide in support of an application under the Act by a statutory declaration. A statutory declaration form is provided on the following page for you to complete and have sworn.

Please complete the first line of the Declaration with your full name, occupation and address.

If the statutory declaration is made in New Zealand, it must be made before a person entitled under the Oaths and Declarations Act 1957 to take statutory declarations (Justice of the Peace, solicitor, notary public, Registrar or Deputy Registrar of the High Court or any District Court, authorised officer in the service of the Crown, any member of Parliament).

If the statutory declaration is made in Australia, it must be made before a Judge, Commissioner of Oaths, a notary public or a Justice of the Peace or any person authorised by the law of Australia to take a statutory declaration.

Attachments to this Statutory Declaration will need to be signed and referenced as follows: "This is the attachment referred to in the Statutory Declaration of [name] declared at [place, date]".

Initial: _____

Declaration

_____, _____, of _____,

do solemnly and sincerely declare that:

- (a) I am the person named in this application.
- (b) I have applied to be issued an auditor licence pursuant to Auditor Regulation Act 2011 and the Trans-Tasman Mutual Recognition Act 1997.
- (c) The statements and other information in this Application, including the Confirmation and the attachments, are complete and correct in every detail, to the best of my knowledge and belief.

AND I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Signature of declarant

Declared at _____ this ____ day of _____ 20____ .

Before me:

Signature of witness

(Name of Witness)

(Title/Occupation of Witness)

(Address of Witness)

Initial: _____