

To foster trust and promote public confidence in the accounting profession, and increase the credibility of financial reports, improve governance standards, and oversee the quality of audit and assurance engagements.

1: IDENTITY OF THE APPLICANT

BUSINESS LEGAL NAME:¹

NAME OF MANAGING PARTNERS:

LEGAL FORM:²

REGISTERED ADDRESS:

CONTACT PERSON:

CONTACT PHONE NUMBER:

CONTACT EMAIL:

BUSINESS REGISTRATION NUMBER:

NUMBER OF EMPLOYEES: -

GICA PRACTICING LICENSE (Please provide Evidence):³

¹ Name of the registered firm or entity

² Example Partnership or Company

³ Attach copies of License as part of the application.



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QUALITY CONTROL POLICY (Please provide Evidence):⁴

DATE OF LAST FINANCIAL STATEMENTS:

ACCOUNTING PERIOD:

ANNUAL TOTAL REVENUE CURRENT YEARi:

ANNUAL TOTAL REVENUE PREVIOUS YEAR:

ANNUAL TOTAL ASSETS CURRENT YEAR:

ANNUAL TOTAL ASSETS PREVIOUS YEAR:

ANNUAL TOTAL LIABILITIES CURRENT YEAR:

ANNUAL TOTAL LIABILITIES PREVIOUS YEAR:

LICENSE NUMBER (IF APPLICABLE): -

⁴ Attach updated copies as part of the application.



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4: CONSENT TO COOPERATE WITH THE FINANCIAL REPORTING OVERSIGHT BOARD AND STATEMENT OF ACCEPTANCE OF REGISTRATION CONDITION

(B) ------ AGREES TO SECURE AND ENFORCE SIMILAR CONSENTS FROM EACH OF ITS ASSOCIATED PERSONS AS A CONDITION OF THEIR CONTINUED EMPLOYMENT BY OR OTHER ASSOCIATION WITH THE APPLICANT.

(C)) ----- UNDERSTANDS AND AGREES THAT COOPERATION AND COMPLIANCE, AS DESCRIBED IN THE APPLICANT'S CONSENT IN PARAGRAPH (A), AND THE SECURING AND ENFORCEMENT OF SUCH CONSENTS FROM ITS ASSOCIATED PERSONS IN ACCORDANCE WITH PARAGRAPH (B), SHALL BE A CONDITION TO THE CONTINUING EFFECTIVENESS OF THE REGISTRATION OF THE APPLICANT WITH THE FINANCIAL REPORTING OVERSIGHT BOARD (FROB).

⁵ Name of the firm.



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5: SIGNATORY	
Signature:	Date:
Managing Partner	
Signature:	Date:
Partner	

END