

Form -1
[Referred by Rule 3(1)]
Financial Reporting Council

Auditor Enlistment Application Form

(Tick the appropriate space or fill in the blank)
(If necessary, use separate paper and cut out unnecessary parts or mention “Not Applicable”)

First Part
Details of Applicant

Application registration no. & date (To be filled by the Council):

FRC’s enlistment registration no. & date (To be filled by the Council):

1. Name of applicant (In Bengali):

Name of applicant (In English block letter):

2. Firm name (In Bengali):

Firm name (In English block letter):

3. Type of firm: (a) Sole Proprietorship or, Partnership

(b) Chartered Accountancy or, Cost & Management Accountancy

4. (a) Firm application registration no. & date (To be filled by the Council):

(b) Firm enlistment registration no. & date (To be filled by the Council):

5. Father’s name:.....Mother’s name:.....

6. (a) Present address of applicant:

Mobile no. (Information purpose): E-mail:

(b) Permanent address of applicant:

Date of birth: Age:

7. NID or, Passport no:

8. Applicant’s head office.....

Official mobile no. (Information purpose): Official E-mail:

9. Is it the only office of the applicant? Yes , No (If “No”, mention other office addresses clearly):

Number of additional offices:

Additional office serial no:

Office name:	Address:
E-mail:	Mobile or phone no:

*** For more than one office, mention information of all offices chronologically.

10. If the applicant is a sole proprietor or partner or officer of an audit firm, details of the proprietor or partners of the firm:

Sl. No	Name & designation	E-TIN	NID/ Passport no.	Address & mobile no.	Institute of Chartered Accountants of Bangladesh/ Institute of Cost and Management Accountants of Bangladesh (Where applicable) Membership no. & date and Certificate of Practice no. & date	Experience (In years)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
					(a) Membership no..... Date..... (b) Certificate of Practice (CoP) no..... Date.....	

*** For more than one partner or officer, mention information of all partners/officers chronologically

11. Other information of applicant: (If 'Applicable/Yes', attach documents)

(a) E-TIN:	Annexure-1 (i) Copy of E-TIN certificate	Annexure-1 (ii) Copy of return submission acknowledgement for the last financial year
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(b) Information regarding membership certificate of the concerned professional accountancy institute or certificate of passing the examination of the professional accountancy institute or authentication certificate by the concerned professional accountancy institute

Name of professional accountancy institute (ICAB or ICMAB)	Membership certificate no. and year	Copy of certificate
		Annexure-2: Copy of certificate

(c) Certificate of Practice (CoP) no.....
 Year.....

Annexure-3: Certificate of Practice

(d) NID or, Passport

Annexure-4: NID/Passport copy

(e) Passport size color photo (2 copies)

Annexure-5: Passport size color photo

(f) Whether the professional accountancy institute or any other regulatory authority has taken any punitive action against the auditor in the last 03 (three) years?

Yes , No

If punished:

Sanctioning authority	Date of punishment received	Current status	Written description of the complaints/orders
			Annexure-6: copy of the complaint/ order

*** For more than one punitive action, mention information of all punitive actions chronologically.

(g) Whether the professional accountancy institute or any other regulatory authority has taken any punitive action against the applicant's audit firm in the last 03 (three) years?

Yes , No

If punished:

Sanctioning authority	Date of punishment received	Current status	Written description of the complaints/orders
			Annexure-7: copy of the complaint/ order

*** For more than one punitive action, mention information of all punitive actions chronologically.

12. Details of human resources engaged in applicant's (proprietor/partner) own supervision for audit services:

Human resources	Number	Enrollment /registration number (Where applicable)	Attachments
Chartered Accountants or Cost and Management Accountants other than applicant			
Course complete student			
Articled student			
Apprentice student			
Non-audit staff			

13. Details of deposit of fees prescribed in schedule-II of the Rules: Only one payment method should be used (Online or Offline Payment).

13.1. Online Payment

Payment Method	Date	Transaction ID	Account No.	Amount (In BDT)	Fee deposit receipt
					Annexure-8: copy of online payment receipt

*** Copy of online payment receipt should be submitted along with the application.

13.2: Offline Payment

Pay-order/ bank draft no.	Date	Bank and branch name	Amount (In BDT)	Fee deposit receipt
				Annexure-8: copy of pay-order/bank draft

*** Original copy of pay order/ bank draft should be submitted along with the application.

Date:

Name and Signature of Applicant:

Designation: