



# Annual statement by an auditor

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) and submit as part of this lodgement

## Lodgement details

Who should ASIC contact if there is a query about this form?

Name

ASIC registered agent number (if applicable)

Telephone number

Postal address

Please provide an estimate of the time taken to complete this form.

 hrs  mins

## 1 Auditor details

Auditor registration number

Family name

Given name

Residential address and contact details

Unit, level

Street number and Street name

Suburb/City

State/Territory

Telephone number

Facsimile number

Email address

## 2 Period of statement

From

 [D]  [D] /  [M]  [M] /  [Y]  [Y]

to

 [D]  [D] /  [M]  [M] /  [Y]  [Y]

### 3 Capacity in which individual auditor is practising

Please indicate the capacity in which you are now practising.

See Guide for definition of audit firm or audit company.

- Individual auditor (Go to 4 Individual auditor details)
- Employee of an audit firm (Go to 5 Audit firm details)
- Member (partner) of an audit firm (Go to 5 Audit firm details)
- Employee of an authorised audit company (Go to 6 Authorised audit company details)
- Director of an authorised audit company (Go to 6 Authorised audit company details)

### 4 Individual auditor details

If you practise as an individual auditor, complete these details.

ABN	
<input type="text"/>	
Business name (if applicable)	
<input type="text"/>	
Business registration number	State/Territory of registration
<input type="text"/>	<input type="text"/>
Office, unit, level	
<input type="text"/>	
Street number and Street name	
<input type="text"/>	
Suburb/City	State/Territory
<input type="text"/>	<input type="text"/>
Postcode	Country (if not Australia)
<input type="text"/>	<input type="text"/>
Telephone number	Facsimile number
<input type="text"/>	<input type="text"/>
Email address	
<input type="text"/>	

### 5 Audit firm details

If you practise as a partner or employee of a firm, complete these details.

ABN	
<input type="text"/>	
Firm name (business name)	
<input type="text"/>	
Office, unit, level	
<input type="text"/>	
Street number and Street name	
<input type="text"/>	
Suburb/City	State/Territory
<input type="text"/>	<input type="text"/>
Postcode	Country (if not Australia)
<input type="text"/>	<input type="text"/>
Telephone number	Facsimile number
<input type="text"/>	<input type="text"/>
Email address	
<input type="text"/>	

## 6 Authorised audit company details

If you practise as a director or employee of an authorised audit company, complete these details.

ACN/ABN	
<input type="text"/>	
Company name	
<input type="text"/>	
Auditor registration number	
<input type="text"/>	
Office, unit, level	
<input type="text"/>	
Street number and Street name	
<input type="text"/>	
Suburb/City	State/Territory
<input type="text"/>	<input type="text"/>
Postcode	Country (if not Australia)
<input type="text"/>	<input type="text"/>
Telephone number	Facsimile number
<input type="text"/>	<input type="text"/>
Email address	
<input type="text"/>	

## 7 Professional membership

Are you a member of a professional accounting body?

Yes  No

If yes, please select which professional bodies

CPA Australia

National Institute of Accountants

The Institute of Chartered Accountants in Australia

Other, please specify

## 8 Statement

Residency

Are you resident in Australia?

Yes  No

Has there been any time in the period of this statement when you were not resident in Australia?

Yes  No

If yes, provide the following details:

Start date of overseas residency	End date of overseas residency
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
[D] [D] [M] [M] [Y] [Y]	[D] [D] [M] [M] [Y] [Y]

Place of overseas residency

Reasons for overseas residency

## 8 Continued... Statement

### Disciplinary action

Were you disqualified from managing a corporation under Part 2D.6 of the Corporations Act during the period of this statement?

Yes  No

If yes, provide date of, and reason for disqualification

Date of disqualification

/   /    
[D] [D] [M] [M] [Y] [Y]

Reasons for disqualification


Were you excluded or suspended from practice as an auditor or liquidator, or subject to any other disciplinary action by any of the following bodies during the period of this statement?

- ASIC
- The Companies Auditors and Liquidators Disciplinary Board
- The Institute of Chartered Accountants in Australia/CPA Australia/National Institute of Accountants
- The Tax Agents Board
- Any other body having authority in Australia or elsewhere relating to the registration or disciplining of auditors or liquidators

Yes  No

If yes, provide date of, body and reason for exclusion or suspension

Date of exclusion or suspension

/   /    
[D] [D] [M] [M] [Y] [Y]

Body by which you were excluded or suspended

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Reasons for exclusion or suspension


Do you have a status equivalent to that of an insolvent under administration under the law of a country other than Australia or under the law of an external territory ?

Yes  No

If yes, provide date of insolvency and jurisdiction

Date of insolvency

/   /    
[D] [D] [M] [M] [Y] [Y]

Jurisdiction

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Do you have any legal or disciplinary proceedings pending against you that may result in action that would require disclosure under any of the above items ?

Yes  No

If yes, provide date proceedings commenced and nature of proceedings

Date proceedings commenced

/   /    
[D] [D] [M] [M] [Y] [Y]

Nature of proceedings


## 8 Continued... Statement

### Convictions

Were you convicted of any offences, other than a traffic offence, during the period of this statement?:

Yes  No

If yes, provide date of conviction and description of offence

Date of conviction

/   /    
[D D] [M M] [Y Y]

Description of offence


### Resignations/removals

Did you resign or were you removed from office as an auditor or liquidator during the period of this statement?

Yes  No

If yes, provide the following details

Name of body or entity audited or in liquidation

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ABN, ACN, ARSN, ARBN (if applicable)

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Date of resignation/removal

/   /    
[D D] [M M] [Y Y]

Office (Auditor/Liquidator)

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Did you resign or were you removed?

Resigned  Removed

Reason for resignation /removal


### Compliance with conditions

Is your registration as a company auditor subject to conditions imposed by ASIC?

Yes  No

If yes, then answer the following question

Have you complied with all the conditions of your registration at all times during the period of this statement?

Yes  No

If no, then provide the date and nature of the non-compliance

Date of non-compliance

/   /    
[D D] [M M] [Y Y]

Nature of non-compliance




# Guide: Annual statement by an auditor

This guide does not form part of the prescribed form. It is included by ASIC to assist you in completing and lodging the Form 912A.

<b>Lodgement fees</b>	Lodging electronically through <a href="http://www.asic.gov.au/auditors">www.asic.gov.au/auditors</a>	\$65
	Lodging in paper form	\$135

<b>Lodgement period</b>	Within one month of the anniversary of your registration as an auditor.
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<b>Late fees</b>	<p>Late fees will apply if you notify a change outside of the lodgement period.</p> <p>The late fees are:</p> <ul style="list-style-type: none"> <li>• \$65 for up to one month late</li> <li>• \$270 for over one month late.</li> </ul> <p>A form is not considered lodged until it is received and accepted by ASIC as complying with s1274(8) of the Corporations Act 2001. A receipt will not be issued unless requested.</p>
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<b>Lodgement details</b>	<p>To estimate the time taken to complete the form (in the lodgement details section), please include:</p> <ul style="list-style-type: none"> <li>• the time actually spent reading the instructions, working on the question and obtaining the information</li> <li>• the time spent by all employees collecting and providing this information.</li> </ul>
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<b>Audit firm or audit company</b>	An audit firm or audit company is a firm or company that consents to be appointed, or is appointed, as auditor of a company or registered scheme. An audit firm or audit company is not limited to providing auditing services only.
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<b>How to provide additional information</b>	<p><b>Photocopied Form 912A pages</b> If there is insufficient space in any section of the form, you may photocopy the relevant page(s) and submit as part of this lodgement.</p> <p><b>Attachments</b> Attachments must be labelled in the approved form.</p> <p><b>Sample</b></p> <table border="1"> <tr> <td>Applicant name:</td> </tr> <tr> <td>Attachment name:</td> </tr> <tr> <td>Number of pages:</td> </tr> <tr> <td>Date prepared:</td> </tr> <tr> <td>Special status (if any) eg Commercial-in-Confidence, Draft only, etc :</td> </tr> </table>	Applicant name:	Attachment name:	Number of pages:	Date prepared:	Special status (if any) eg Commercial-in-Confidence, Draft only, etc :
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Date prepared:						
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<b>Lodgement</b>	<p>Send completed and signed forms to: Australian Securities and Investments Commission, PO Box 4000, Gippsland Mail Centre VIC 3841.</p>	<p><b>For help or more information</b> Telephone 03 5177 3988 Email <a href="mailto:info.enquiries@asic.gov.au">info.enquiries@asic.gov.au</a> Web <a href="http://www.asic.gov.au">www.asic.gov.au</a></p>
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