



# 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

## 1 Auditor details

Residential address and contact details

Auditor registration number

Family name

Given name

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 <input type="text"/>	State/Territory <input type="text"/>
Postcode <input type="text"/>	Country (if not Australia) <input type="text"/>
Telephone number <input type="text"/>	Facsimile number <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

Institute of Public Accountants

Chartered Accountants Australia and New Zealand

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"/>	<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
- Chartered Accountants Australia and New Zealand/CPA Australia/Institute of Public Accountants
- Tax Practitioners 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

--

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

--

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

--

ABN, ACN, ARSN, ARBN (if applicable)

--

Date of resignation/removal

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

Office (Auditor/Liquidator)

--

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


## 8 Continued... Statement

### Audits

Provide the following details in relation to the 10 highest fee paying Corporations Act audits in which you have played a significant role or participated in the conduct of, during the period of this statement. If you participated in, or were involved in, the conduct of less than 10 Corporations Act audits during the period of this statement, provide details of those audits and details of the highest fee paying non-Corporations Act audits conducted (if any).

Name of body or entity audited	ABN, ACN, ARSN, ARBN (if applicable)	Type of appointment: Individual, audit firm, audit company	Role in audit: Lead auditor, review auditor, professional member of audit team	If listed company or scheme, number of years playing a significant role	Audit fee (\$)	If listed company, non-audit service fees paid or payable to you or any non-audit service provider (\$)

### Signature

This form must be signed by the individual auditor.

#### Declaration

I declare that:

- The information about me contained on the Register of Auditors under section 1285 of the Act is correct.
- To the best of my knowledge and belief, I have complied with the auditor independence requirements of the Act during the period of this statement.
- To the best of my knowledge and belief, the information supplied in, and with, this document is complete and accurate.

#### Acknowledgement

I acknowledge that the Australian Securities and Investments Commission may take action to verify that the statements and certifications made in this document are not false or misleading.

Name

Signature

Date signed

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

### Lodgement

Send completed and signed forms to:  
Australian Securities and Investments Commission,  
PO Box 4000, Gippsland Mail Centre VIC 3841.

#### For more information

Web [www.asic.gov.au](http://www.asic.gov.au)  
 Need help? [www.asic.gov.au/question](http://www.asic.gov.au/question)  
 Telephone 1300 300 630

# 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 period</b>	Within one month of the anniversary of your registration as an auditor.						
<b>Late fees</b>	<p>Late fees will apply if you notify a change outside of the lodgement period.</p> <p>For information on fees refer to <a href="http://www.asic.gov.au/forms">www.asic.gov.au/forms</a>.</p>						
<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.						
<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><b>Applicant name:</b></td> </tr> <tr> <td><b>Attachment name:</b></td> </tr> <tr> <td><b>Number of pages:</b></td> </tr> <tr> <td><b>Date prepared:</b></td> </tr> <tr> <td><b>Special status (if any) eg Commercial-in-Confidence, Draft only, etc :</b></td> </tr> </table>		<b>Applicant name:</b>	<b>Attachment name:</b>	<b>Number of pages:</b>	<b>Date prepared:</b>	<b>Special status (if any) eg Commercial-in-Confidence, Draft only, etc :</b>
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<b>Privacy</b>	The information provided to ASIC in this form may include personal information. Please refer to our privacy policy ( <a href="http://www.asic.gov.au/privacy">www.asic.gov.au/privacy</a> ) for information about how we handle your personal information, your rights to seek access to and correct personal information, and to complain about breaches of your privacy.						
<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 more information</b> Web <a href="http://www.asic.gov.au">www.asic.gov.au</a> Need help? <a href="http://www.asic.gov.au/question">www.asic.gov.au/question</a> Telephone 1300 300 630</p>					