



Annual statement by an authorised audit company

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 Authorised audit company details

Auditor registration number

Company name

Office, 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 Business name

Has the company commenced trading under a name or style other than its own name during the period of this statement?

Yes No

If yes, then provide the following details

Business name

Business registration number

State/Territory of registration

4 Statement

Eligibility

Has the company met the requirements of paragraphs 1299B(a), (b), (c) and (e) of the Act at all times during the period of this statement?

Yes No

If no, provide date of, and reason for non-compliance

Date of non-compliance

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

Section not complied with

Reasons for non-compliance

Was ASIC notified of the non-compliance?

Yes

If yes, provide date of notice

Date of notice

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

No

If no, provide reason for failure to notify ASIC

Has the non-compliance been remedied?

Yes No

If yes, provide date non-compliance remedied

Date non-compliance remedied

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

4 Continued... Statement

Professional indemnity insurance

Name of insurer

Name of placing broker

Policy number

Period of policy from

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

to

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

Does the policy indemnify for breach of professional conduct?

 Yes No

Does the policy contain only standard industry exclusions or those reasonably common for PI insurance?

 Yes No

Does the policy provide for fraud extension cover?

 Yes No

Does the policy provide cover for costs and expenses, including legal costs and expenses of investigating, defending and settling claims against the insured?

 Yes No

Does the policy have a retroactive date?

 Yes No

Is the retroactive date no later than 7 years before the beginning of the period of insurance?

 Yes No

What best describes the coverage of this policy?

 Group cover Individual cover

What is the maximum estimated Corporations Act audit engagement fee that will be charged by the company for conducting an audit during the annual statement period immediately following the period of this statement?

\$

Limit of indemnity

\$

What is the maximum of amount of any excess or deductible under the policy?

\$

What was the value of the company's net tangible assets as at the date of commencement or renewal of this policy?

\$

Please indicate the range of your policy premium?

- Less than \$1,000
 \$1,001 to \$5,000
 \$5,001 to \$15,000
 \$15,001 to \$25,000
 Greater than \$25,000

What is the jurisdiction of the policy?

 Australia Other

Is the insurer regulated by APRA?

 Yes No

Is the insurance cancellable by the insurer for innocent non-disclosure or misrepresentation?

 Yes No

4 Continued... Statement

Criminal proceedings

Have any criminal proceedings been taken against the company during the period of this statement?

Yes No

If yes, provide the following details:

Date proceedings commenced

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

Nature of proceedings

Disciplinary action

Have any of the directors or employees of the company been excluded from practice as an auditor or liquidator, or had their registration as an auditor or liquidator suspended or been 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 the following details:

Director Employee

Name of director or employee

--

Auditor number (if applicable)

--

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 any of the directors or employees of the company have any other legal or disciplinary proceedings pending against them that may result in action that would require disclosure under any of the above items?

Yes No

If yes, provide the following details:

Director Employee

Name of director or employee

--

Auditor number (if applicable)

--

Date proceedings commenced

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

Nature of proceedings

4 Continued... Statement

Convictions

Have any of the directors or employees of the company been convicted of an offence, other than a traffic offence, during the period of this statement?:

Yes No

If yes, provide the following details:

Director Employee

Name of director or employee

Auditor number (if applicable)

Date of conviction

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

Description of offence

Resignations/removals

Has the company resigned or been removed from office as an auditor during the period of this statement?

Yes No

If yes, provide the following details

Name of body or entity audited

ABN, ACN, ARSN, ARBN (if applicable)

Date of resignation/removal

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

Did the company resign or was it removed?

Resigned Removed

Reason for resignation /removal

Have any of the directors or employees of the company resigned or been removed from office as a liquidator during the period of this statement?

Yes No

If yes, provide the following details

Director Employee

Name of director or employee

Liquidator number

Name of body or entity in liquidation

ABN, ACN, ARSN, ARBN (if applicable)

4 Continued... Statement

Resignations/removals (continued)

Date of resignation/removal

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

Did the director or employee resign or were they removed?

Resigned Removed

Reason for resignation /removal

Audits

Please provide the following details in relation to the 10 highest fee paying Corporations Act audits conducted by the company during the period of this statement. If the company conducted 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)	If listed entity, number of years company has conducted the audit	Audit fee (\$)	If listed company or registrable superannuation entity, non-audit service fees paid or payable to you or any non-audit service provider (\$)

Register

Is the information about the company on the Register of Authorised Audit Companies under section 1299E of the Act correct?

Yes

No

If no, the company must notify ASIC of the changes to that information before lodging this statement.

5 Documents to be attached

Attachments

You must provide the following attachments. Your annual statement will not be deemed lodged until we have received them. Each attachment must be labelled in the approved form.

Sample

Applicant name:
Attachment name:
Number of pages:
Date prepared:
Special status (if any) eg Commercial-in-Confidence, Draft only, etc :

Privacy Notice

ASIC is empowered to collect this information and will not use it for any other purpose, nor will we disclose it, unless we have obtained consent or the use or disclosure is permitted under the Privacy Act (Cth).

For more details, see the Privacy Statement on our website www.asic.gov.au.

Professional Indemnity Insurance

- A signed statement from the company's insurance broker or the insurer certifying that any exclusions contained in the policy are standard or usual exclusions for a policy of this type and that the policy is made on standard commercial terms.

Signature

This form must be signed by a current officeholder.

Declaration

I declare that:

- The information about the company contained on the Register of Authorised Audit Companies under section 1299E of the Act is correct.
- To the best of my knowledge and belief, the company has 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

Capacity

Director

Secretary

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

Need help? www.asic.gov.au/question

Telephone 1300 300 630

Guide:

Annual statement by an authorised audit company

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

Lodgement period	Within one month of the anniversary of your registration as an authorised audit company.					
Late fees	Late fees will apply if you notify a change outside of the lodgement period. For information on fees refer to www.asic.gov.au/forms .					
Lodgement details	To estimate the time taken to complete the form (in the lodgement details section), please include: <ul style="list-style-type: none">• the time actually spent reading the instructions, working on the question and obtaining the information• the time spent by all employees collecting and providing this information.					
How to provide additional information	<p>Photocopied Form 912B pages</p> <p>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>Attachments</p> <p>Attachments must be labelled in the approved form.</p> <p>Sample</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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Privacy	The information provided to ASIC in this form may include personal information. Please refer to our privacy policy (www.asic.gov.au/privacy) 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.					
Lodgement	<p>Send completed and signed forms to: Australian Securities and Investments Commission, PO Box 4000, Gippsland Mail Centre VIC 3841.</p> <p>For more information Web www.asic.gov.au Need help? www.asic.gov.au/question Telephone 1300 300 630</p>					