

ANNUAL RETURN CLIENT INFORMATION FORM

IMPORTANT: • Please complete ALL sections in BLOCK LETTERS using BLACK or BLUE ink.

Effective November 1, 2017



This form must be completed by each member holding an Auditing or a Practising Certificate issued by ICATT. Employees of such firms/organizations are not required to complete this form. In accordance with Section 15 of the Practising Regulations- Monitoring and Compliance: Schedule 1 - of The ICATT's Rules and Regulations 2018. Members must supply ICATT or its appointed agent with all the information necessary to enable the Institute to undertake its monitoring process effectively. The electronic format of this form may be completed at the members' login at <https://icatt.org/system/annual-return-client-information-form/>. Alternatively, you may complete this version of the form and email to service@icatt.org.

DETAILS OF FIRM

ICATT Firm ID No. _____
 Name of Firm: _____ No. of Owners/ Partners/ Directors: _____
 Type of Firm: Sole Practitioner Partnership Body Corporate Number of employees employed at the firm: _____
 Contact Person: Mr. Mrs. Ms. Miss Dr. First Name: _____ Last Name: _____
 Office No: _____ Mobile No: _____ Fax No: _____
 Email: _____
 Main Office Address: _____
 Mailing Address (if different): _____
 Other Branch(es) Address Locations(s): _____

NAME(S) OF OWNERS / PARTNERS / DIRECTORS (Members / Non-Members). Please continue on a separate sheet if necessary

1) _____ 2) _____ 3) _____
 4) _____ 5) _____ 6) _____
 7) _____ 8) _____ 9) _____
 10) _____ 11) _____ 12) _____

NO. OF ICATT MEMBERS WHO ARE AUDITING OR PRACTISING EXECUTIVES EMPLOYED AT FIRM: _____

NAME(S) OF AUDITING OR PRACTISING MEMBERS. Please continue on a separate sheet if necessary

1) _____ 2) _____ 3) _____
 4) _____ 5) _____ 6) _____
 7) _____ 8) _____ 9) _____
 10) _____ 11) _____ 12) _____

1) In the current year 20____, did the firm engage in any of the following public practice assignments

(a) Audit Yes No
 (b) Practising Yes No

2) If you ticked Yes to 1(a), please submit the following details:

TYPE	NUMBER OF CLIENTS (Based on the number of reports signed)
PIE* clients:	
Banks or similar financial institutions	
Credit Unions	
Insurance Companies	
Listed Companies	
Mutual funds that take third party risk or funds	
Non - PIE clients	

* A Public Interest Entity (PIE) is defined as a listed company, bank or similar financial institution, credit union, insurance company or a mutual fund which takes third party risks or funds.

3) If you ticked Yes to 1(b), please submit the following details:

Types of Services Offered	Type of Non-PIE Client	Type of PIE Client (Bank, Credit Union, Insurance, Listed Cos & Mutual Funds)	Number of Clients (Based on the number of reports signed)
Accountancy			
Insolvency			
Taxation			
Information Technology			
Management Consulting			
Other			

4) In the coming year 20____, does the firm intend /will continue to engage in public practice assignments Yes No

CONFIRMATION

On behalf of my firm, I confirm that the information given in this form is true, accurate to the best of my knowledge and belief after making all reasonable enquiries. I understand that a false declaration on this form may lead to disciplinary action being taken against me and/or my firm. I further confirm that neither I nor the firm nor any of its partners/directors/responsible individuals have been subject to any criminal, disciplinary, regulatory or any other matters which may have been contrary to the Rules and Regulations of ICATT, the Code of Ethics, and/or relevant accounting and auditing standards as adopted by ICATT that may call into doubt my firm's eligibility to hold an auditing certificate, which have not already been brought to the attention of ICATT's Investigations Committee. I am aware of, and will abide by, my continuing obligation to draw any such matters to ICATT's attention.

Signature: _____ Date (dd/mm/yyyy): ____/____/____

OFFICIAL USE ONLY

Application Processed By: _____ Signature: _____ DATE (dd/mm/yyyy): ____/____/____
 (Name)

PARTICULARS	YES	NO	COMMENTS
Completed application received / checked			
Annual Subscription received for year ending: _____ Receipt # _____			

Application reviewed by: _____

Verified by Chief Executive Officer: _____