

Application for approval as an overseas association of accountants

Financial Reporting Act 2013 and Financial Reporting Regulations 2015

- Complete this form to apply to the Registrar of Companies for approval as an overseas association of accountants.
- Email your completed form and supporting documents to <u>auditorsregister@mbie.govt.nz</u> for processing.
- Any forms or supporting documents you provide must be:
 - o clear and easily read
 - o saved in PDF format, and
 - o no larger than 20MB.

Overseas association of accountants details

Name of overseas association of accountants (required):	
Town or city in which your	
Town or city in which your principal place of business is	
located (required):	
Country (required):	
Business website address:	
Physical business address (required): Please include the full address (street and suburb, city/town, postcode and country).	
Postal business address (required): Please include the full postal address (including the city/town, postcode and country).	
Business email address (required):	

Supporting documents

Attach the following supporting documents when you email this application to the Registrar.

Evidence that the association:

- 1. Is a member of the International Federation of Accountants.
- 2. Has recognition requirements that are equivalent to, or as satisfactory as, the recognition requirements of the Institute or another accredited body.
- 3. Has rules for the purposes of section 36I(1) of the Act that are equivalent to, or as satisfactory as, the rules of the Institute or another accredited body for those purposes.
- 4. Has adequate and effective systems for providing assurance that members satisfy (or continue to satisfy) the association's recognition requirements; and records in a timely way, which members of the association are acting as auditors in respect of specified entities.
- 5. Has a disputes process, adequate professional indemnity insurance rules, and effective systems for providing assurance that those rules are properly applied and complied with.

Contact details of person completing this form

Name:	
Address:	
Email address:	
Telephone number:	