

Notification of the appointment of a responsible individual

This form is for a firm of Recognised Auditors to notify the Registrar of the appointment a new responsible individual (RI).

1 How to complete this application form

- The audit compliance principal (ACP) should complete section 2 on behalf of the firm.
- The **individual** to be appointed as an RI should complete section 3.
- The ACP should sign section 4.
- The individual appointed should sign section 5.
- Where necessary, guidance is given before the question. Please read the guidance before you complete the question.
- If you need more space for an answer, please attach additional sheets.

Both the ACP (on behalf of the firm of Recognised Auditors) and the individual appointed as an RI must sign the form.

2 Firm details

Firm name	
Principal Office Address of RI	

3 Individual appointed as a responsible individual

Under the Crown Dependencies Audit Rules and Guidance (“the Rules”), a sub-contractor or a consultant cannot be a responsible individual (RI).	
Body of which the individual is a member	
Name of individual appointed an RI	
Member number (if known)	
Date of birth	

Is this individual a principal in the firm or an employee?	
Does this individual hold a practising certificate?	
Qualification granted by	

4 Signature and confirmation of audit compliance principal

The Rules require that auditors are competent to carry out audit work. A firm appointing an individual as an RI must be satisfied, and confirm to the Registrar, that the individual is competent.

Signature of ACP	
Name of ACP	
Date	

5 Signature and confirmation of the individual appointed

I certify that, to the best of my knowledge and belief, the information in or provided with this application is a true and accurate statement of my circumstances.

I confirm that I am a member of a recognised accountancy body and that I am permitted to engage in public practice and I understand and agree to be bound by the Rules when auditing the accounts of market traded companies.

I authorise any persons, institutions or bodies that the Commission may approach to provide such information, as the Commission believes may be relevant to its continuing exercise of its functions under the Companies Law.

I also authorise the Commission to disclose to any persons, institutions or bodies appointed by the Commission to perform the oversight and monitoring functions under the Companies Law, any information that the Commission believes may be relevant to the oversight and monitoring function.


I undertake that I will, at all times, comply with the Rules.

Signature of individual appointed as RI	
Name of RI	
Date	

6 Checklist

Before you return the completed application form, please indicate that you have:	
• answered every question;	<input type="checkbox"/>
• checked that sections 4 and 5 have been signed;	<input type="checkbox"/>
• saved a copy of the completed form for your records; and	<input type="checkbox"/>

<p>Now return your signed and completed form with any additional sheets to:</p> <p>The Isle of Man Financial Services Authority P O Box 58 Finch Hill House Bucks Road Douglas Isle of Man IM99 1DT</p> <p>We will send you an acknowledgement as soon as we receive your notification.</p>

<p> Data Protection Act 2002</p> <p>Data protection The Isle of Man Financial Services Authority takes data protection very seriously. We are collecting personal data to process your application to be a recognised auditor. We may pass information within the ICAEW, to the Professional Oversight Board, to other Recognised Supervisory Bodies or as required by law to enable the Isle of Man Financial Services Authority to perform its functions. Further information on the data protection arrangements can be found on our website using the following link – [http://www.fsc.gov.im/terms.gov?keyname=PrivacyPolicy].</p>
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