



INSTITUTE OF CHARTERED ACCOUNTANTS, GHANA

QUALITY ASSURANCE MONITORING DEPARTMENT

NEW FIRM REGISTRATION FORM

NAME OF FIRM: -----

The Chief Executive Officer
Institute of Chartered Accountants, Ghana
P.O. Box GP 4268
Accra
Tel: 0544336701/2
E-mail: info@icagh.com
Website: www.icagh.org

Please note that the information provided on the form will be subjected to validation during the initial assessment visit.

1. Firm's Contact Details

Name of Practising Firm:

.....

Postal Address:

.....

Physical Address:

.....

Digital Address.....

Telephone Numbers: Office..... Mobile.....

E-mail Addresses: Office.....

2. Attach a certified copy of the firm's certificate of incorporation, copy of certificate to commence business and copy of the Form A or B.

3. Services offered (Please tick those applicable)

Audit and Assurance Preparation of Financial Statements Tax Advisory

Consultancy

4. Ownership and structure (Provide information on attachment)

For each partner/practitioner:

- Name
- Qualifications
- Membership number
- Practising licence number (attach copy of current certificate to practice)
- Email address
- Name of Managing Partner
- Name of Contact Person
- Curriculum vitae
- Firms/entities in group (entities under the same management)
- Connected firms/entities (other firms outside the group that is connected in anyway)

5. Other ownership

- Is the sole practitioner or any of the partners a partner in any other firm?
- If yes, please indicate the name of the firm and the name of the partner below

6. Staffing

- Number of
 - Senior Managers
 - Managers
 - Supervisors/seniors
 - Trainees
 - Other staff
- How many qualified Chartered Accountants are in the firm?.....
- How many qualified Chartered Accountants in the firm are members of the Institute?.....

7. Financials (provide details of the last three (3) years financial statements in the table below) in Ghana Cedis (GH¢)

YEAR	TOTAL ANNUAL AUDIT INCOME (GH¢)	TOTAL ANNUAL NON-AUDIT INCOME (GH¢)	TOTAL ANNUAL FIRM INCOME (GH¢)
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	A	B	=A+B (C)
2022 Estimated Revenue			
2021			
2020			
2019			

NB: (If your financial statements are in other currencies indicate the exchange rate used to convert to Ghana Cedis).

Also indicate your year-end date here.....

8. Firm’s clients’ details

- Number of audit clients
 - Number of non-audit clients
 - Total number of clients ----- (categorized into the following industries)
 - Industries
 - Banking
 - Non-Banking Financial Institutions
 - Insurance
 - Telecommunications
 - Mining
 - Oil and Gas
 - Charitable organizations
 - Public Sector (i.e. Ministries, MMDA’s, Project audits)
 - Project audit for Donors
 - Other (Please specify)
 - Number of listed audit clients
- (Provide names of clients as attachment)

9. Professional indemnity insurance

- Limit of indemnity
- Name of Insurer
- Renewal date

10. Audit program and procedures

1. Commercially available or developed within the firm. If commercially available provide details

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.....
.....
.....

2. Disclosure checklists used. List them below:

.....
.....
.....
.....

11. Monitoring audit quality

- Does the firm have procedures to monitor compliance with auditing rules and regulations annually?
- Describe the scope of the monitoring activities (as attachment)
- Name and designation of the audit compliance principal (a sole practitioner will be the audit compliance principal)
- Name of Engagement Quality Control Reviewer (EQCR) in respect of sole practitioner where necessary. (attach a copy of the signed agreement)
- Name of whole firm reviewer (attach copy of appointment letter/signed agreement)

12. Signing of audit opinions by: (Provide names and practising licence numbers for the current year and membership numbers).

(NB: Attached extra pages where necessary)

13. Solicitor's name and address:

14. Continuity of Practice Arrangement (attach details or copy of agreement)

Completed By:

Authorised By:

Date:

DECLARATION

I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my firm's registration may be cause for denial or loss of licensure.

Signature of the applicant

Name of applicant

Date: _____ / _____ / _____