



**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, 0277801422/3/4  
E-mail: [info@icagh.com](mailto:info@icagh.com)  
Website: [www.icagh.org](http://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: .....

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Physical Address: .....

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Digital Address.....

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

E-mail Addresses: Office.....

**2. Attach a certified copy of the firm's certificate of incorporation and copy of Form A or B as appropriate.**

**3. Services offered (Please tick those applicable)**

Audit and Assurance  Preparation of Financial Statements  Advisory / Consultancy

Other (Please list other services provided)

**4. Ownership and structure (Provide information on attachment)**

Provide for each partner/practitioner:

- Name

- Qualifications
- Copy of ICAG membership certificate
- Copy of current practising licence certificate
- Mobile number and email address
- Curriculum vitae
- Name of Managing Partner
- Name of Contact Person if different from managing partner
- Copy of CPD records of partners and other qualified staff
- Copy of partnership agreement (stamped and sealed) for firm registered under Act 152
- Copy of Tax Clearance Certificate (TCC) where appropriate
- 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 (attach names and qualifications for each category of staff)

- 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 and estimate for the current year) in Ghana Cedis (GH¢)

YEAR	TOTAL ANNUAL AUDIT INCOME (GH¢)	TOTAL ANNUAL NON-AUDIT INCOME (GH¢)	TOTAL ANNUAL FIRM INCOME (GH¢)
	<b>A</b>	<b>B</b>	<b>=A+B (C)</b>
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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.....  
.....  
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2. Disclosure checklists used. List them below:

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.....  
.....  
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## 11. Monitoring audit quality/ Documented ISQC1 / ISQM

- Does the firm have procedures to monitor compliance with auditing rules and regulations annually? .....
- Describe the scope of the monitoring activities (provide information on attachment)
- Name and designation of the audit compliance principal (in case of a sole practice, the sole practitioner will be the audit compliance principal)
- Name of Engagement Quality Control Reviewer (EQCR). In case of sole practitioner, 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)

15. Succession Plan (attach details or copy of the plan)

Completed By:

Authorised By:

Date:

## DECLARATION

I declare and affirm that the statements made in this registration form, 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.

I understand that my firm shall be subject to Quality Assurance Monitoring (QAM) by the ICAG annually and that. Due to the importance of compliance and in line with the Act 1058, I shall make myself, my firm and working papers available at any time, date and place decided by the ICAG for the purpose of QA monitoring. I also understand that failure to avail myself, firm and working papers available for the QA monitoring shall result in withdrawal or/and non-renewal of my PC and the firm license.

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*Signature of the applicant*

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*Name of applicant*

*Date:* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_