



PUBLIC PRACTICE FIRM REGISTRATION FORM

A. FIRM

NAME	
Address (Physical)	Web address
	Telephone Number

B. FIRM PROFILE

DESCRIBE THE FIRM'S BUSINESS PLAN, LEGAL FORM, GOVERNANCE, OWNERSHIP, AND STAFFING
NOTE ANY MATERIAL CHANGE IN: <ul style="list-style-type: none">• THE STATUS OF ANY AFFILIATED OR PARENT FIRMS OR• AFFILIATIONS WITH FIRMS IN CAYMAN.

C. SENIOR/MANAGING PARTNER

NAME	
Address (if different to Firm)	Email address
	Telephone Number

D. QUALITY PARTNER¹ (IF DIFFERENT TO SENIOR/MANAGING PARTNER)

NAME	
Address (if different to Firm)	Email address
	Telephone Number

E. CLIENT ENGAGEMENTS

1. ENTER THE TOTAL NUMBER OF CLIENTS (**ESTIMATED NUMBER OF ASSURANCE REPORTS TO BE ISSUED IN NEXT 12 MONTHS**) BASED ON TYPE OF ENGAGEMENT:

FULL AUDIT	REFERRAL AUDIT	OTHER ASSURANCE

2. ENTER THE NUMBER OF CLIENTS (**ESTIMATED NUMBER OF ASSURANCE REPORTS TO BE ISSUED IN NEXT 12 MONTHS**) IN THE FOLLOWING CATEGORIES:

a. Mutual Funds		h. Multi-Employer Pension Plans	
b. Private Funds		i. Broker or Dealers	
c. Insurance Companies (PIE)		j. Trusts or Trust Services Provider	
d. Insurance Companies (Non-PIE)		k. Corporate Services Provider	
e. Banks (PIE)		l. Strata Complexes	
f. Banks (Non-PIE)		m. Local Businesses	
g. Fund Administrators		n. Other	

3. Where n. OTHER entered in 2. please list:

a.	
b.	
c.	

¹ The Individual with primary oversight responsibility for the Firm's compliance with applicable assurance quality standards.

4. ENTER THE NUMBER OF HIGHER-RISK CLIENTS

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5. ENTER THE NUMBER OF CLIENTS:

a. Listed and Traded	
b. Listed but Not Traded	
c. Other PIE	

6. ATTACH OR DETAIL HERE YOUR ENGAGEMENT RISK RATING CRITERIA AND METHODOLOGY

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F. DECLARATIONS

I the Senior/Managing partner confirm on behalf of the Firm:

- a. Its compliance with the Accountants Law, Regulations and Rules as at the date of application for renewal,
- b. That it will co-operate in the entire Quality Assurance Review process including the payment of QARS fees by the settlement date stipulated in the invoice.
- c. That it has taken action to address issues raised in the Closing Record of its previous Quality Assurance Review.
- c. That its Partners, directors and others holding an equivalent position who are engaged in public practice at the time of application for renewal are all licensed as practitioner members,

- d. That it has adopted and will enforce its own requirements that all persons employed or contracted in audit or other assurance engagements maintain their competence, complete continuing professional development and comply with ethics, professional conduct and all applicable technical standards,
- e. Its compliance with the International Standards of Quality Control, as at the date of application for renewal,
- f. That it acknowledges the authority of CIIPA to share information with Relevant Persons for Specified Purposes as provided in the Accountants Law,
- g. That all changes to the information previously provided in the initial registration application or last renewal thereof have been notified to CIIPA,
- h. That it will endeavour to continue to so comply with the requirements of the Proceeds of Crime Law and any Regulations made thereunder that are applicable to the Firm, and
- i. That to the best of my knowledge and belief, **during the year immediately preceding the date of this application**, the applicable requirements of the Proceeds of Crime Law and any Regulations made thereunder that are applicable to the Firm have been complied with.

Name	
Title	Senior/Managing Partner
Signature	
Date	