

Applicant's personal record and audit firm's profile

Instruction

- a. If there is insufficient space for any section of the form, you may photocopy the relevant page(s) and submit as part of this application.
- b. Please mark an X in the appropriate box corresponding to your answer
- c. Send completed and signed forms to -
Accounting Supervision Department
The Securities and Exchange Commission, Thailand
333/3 Vibhavadi-Rangsit Road, Chomphon , Chatuchak Bangkok 10900, Thailand
Tel. +66 1207 or +66 2695 9587
Fax. +66 2695 9793
e-mail: oca@sec.or.th

1. Applicant details

Mr. Miss Mrs. Other (please specify) _____

Full name as per Passport _____

Date of birth (DD/MM/YYYY) _____

Passport number _____ Identification number _____

Country of issue of Passport _____ Issued by _____

Issued date _____ Expiry date _____

CPA license number _____ Issued by _____

Country _____ Expiry date _____

Home Address _____

City _____ State _____

Postcode _____ Country _____

E-mail address _____ Telephone number _____

Fax number _____ Mobile phone number _____

2. Principal place of practice

Firm Name _____

Position in the firm _____

Address _____

City _____ State _____

Postcode _____ Country _____

E-mail address _____ Telephone number _____

Fax number _____

Does your firm belong to an international network¹?

Yes No

If yes, please state the –

Name of the network _____

Relationship between your firm and the network (e.g. full member, associated firms)

Does the firm fully apply the policies procedures and audit methodologies of the network?

Yes No

3. Registration with an audit oversight authority²

Are you currently a registered auditor in your home jurisdiction with an audit oversight authority?

Yes No

If yes, please state the –

Name of the authority _____

Your Registration number _____

Contact Person of the authority _____

Business Address of the authority _____

Website of the authority _____

Telephone number of the authority _____

¹ ISQC1 Paragraph 12 Network – A larger structure: (i) That is aimed at cooperation, and (ii) That is clearly aimed at profit or cost-sharing or shares common ownership, control or management, common quality control policies and procedures, common business strategy, the use of a common brand name, or a significant part of professional resources.

² Audit Oversight Authority means a foreign authority which exercises function corresponding to the SEC Thailand: -

(a) registration and renewal of an applicant as a registered auditor, and
(b) regularly review or inspect the quality of work of the registered auditors and their audit firms in accordance with International Standards on Auditing and International Standard on Quality Control 1.

E-mail of the authority _____

Is the audit oversight authority you registered with a member of International Forum of Independent Audit Regulator ("IFIAR³")?

Yes No

Is the audit oversight authority you registered with in the country that is recognised by the European Commission as equivalence country in term of the quality of the audit oversight system⁴?

Yes No

Is the audit oversight authority you registered with in the country that was assessed under the FSAP⁵ and received at least "Broadly Implemented" assessment results in the part relating to auditing?

Yes No

Have you ever been inspected the audit quality by the audit oversight authority?

Yes No

If yes, please provide us the latest results of the inspection

Has your firm been inspected quality control systems by the audit oversight authority?

Yes No

If yes, please provide us the latest results of the inspection

4. Audit Experience

³ www.ifiar.org

⁴ <http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:02011D0030-20130701>

⁵ <https://www.imf.org/external/np/exr/facts/fsap.htm>

Have you ever involved with the audit of an entity whose securities are publicly traded in stock exchange in your jurisdiction as either Signing Partner or Engagement Partner or equivalence?

Yes

No

If yes, please attach the details of listed companies you have been involved with in the latest year

No.	Name of entities	Industry	Your responsibility (Siging Partner/Engagement Partner/EQCR

5. Declaration I hereby declare that all information provided in this application and its attachments are true and correct.

Full name as per Passport _____

Signature_____

Date signed (DD/MM/YYYY) _____