



# SECURITIES AND EXCHANGE COMMISSION

## REGISTRATION OF AUDITORS

### FORM SEC D(III)

1. Type of application. (Please tick)
Initial <input type="checkbox"/> Renewal <input type="checkbox"/>
2. What type of certificant are you? (Please tick the appropriate alternative)
Individual (Sole Practitioner) <input type="checkbox"/>
Body Corporate <input type="checkbox"/>
Partnership <input type="checkbox"/>
3. Date of certification (applicable to individual)
4. Date of incorporation (body corporate) or Registration of Partnership
5. In case of a body corporate, indicate the following:
Licensing Authority <input type="checkbox"/>
Licence Number <input type="checkbox"/>
6. Exact name of the firm (as specified on the practicing certificate)
7. Address of principal business offices
8. GRA Identification Number
9. Registrant's telephone number, including area code



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10. Name and position of Key Contact for audit purposes (should be a permanent staff person). Please provide address, email, telephone and fax contact details where the Key Contact may be reached.

Name	Position
Email	Telephone/fax

11. Managing Partner:

- Name
- Years of experience
- Membership of Professional Body and Standing. Please attach a separate sheet if the space is not sufficient.

Membership	Standing (Good/Not good)	Practicing Certificate Number
1.		
2.		
3.		
4.		

12. Other Partners

	Name	Membership of Professional Body	Practicing Certificate Number	Number of Years
a) Partner 1				
b) Partner 2				
c) Partner 3				
d) Partner 4				



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13. Key Staff (Names and titles of top three staff position incumbents other than the above partners)

- a)
- b)
- c)

14. Indicate number of:

Full-time staff

Part-time staff

15. Please indicate the total number of professional staff and non-professional staff

Professional staff

Non-professional staff

16. Please provide:

- a) Financial statements for the two most recent years.
- b) A copy of the Constitution / Regulations/ Agreement of the Firm (Where applicable)
- c) A copy of key internal operating procedures
- d) Professional Indemnity Insurance (from a licenced Insurance Company)
- e) Profile of partners
- f) Evidence of registration of the firm with Registrar General Department
- g) Copies of the certificate of registration of the firm with ICAG and the practicing certificate of all practicing partners.

17. Name of Company Secretary (if applicable)

18. Name of Solicitors



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#### SIGNATURE

Pursuant to the requirements of Section 146 of the Securities Industry Act of 2016, (Act 929) the registrant has duly caused this registration statement to be signed on its behalf by the undersigned, thereunto duly authorized. ***The signatory shall be only the Managing Partner (or equivalent designated officer)***

I declare that the information provided does not contain untrue statements, misleading facts or omit material facts to the best of my knowledge

(Name)

(Signature)

Date:

#### INITIAL REGISTRATION FEES

Body Corporate / Sole Practitioner / Partner      GHS 2,000

#### PAYMENT INSTRUCTIONS

- ✓ Cheques should be written in the name of the Securities and Exchange Commission and submitted together with the completed forms.

Note: The fees shall be paid by the firm