**Template Form TF 001** | 6 March 2023

# Document F: Change in details of a registered auditor

**Parts A–B may be lodged with this signed cover page to notify the General Manager of:**

B1. Change of principal place of practice
B2. Change of practice details
B3. Change of auditor name
B4. Change of audit firm details
B5. Change of practising details

If there is insufficient space in any section of the form, you may copy the relevant page(s) and submit as part of this lodgement.

**PART A: Auditor details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full name** |  | **Auditor registration no.** |  |
| **Address** |  |
| **Company name** |  |
| **Company address** |  |
| **Contact business no.** |  | **Alternate contact no.** |  |
| **Contact email** |  |

## Auditor declaration

|  |
| --- |
| *I certify that the information in this cover sheet and the attached sections of this form is true and complete.* |
| **Name and signature** |  |
| **Date** |  |
| **Please send completed and signed forms to** | [insert address] |

## PART B1: Change of principal place of practice

*Please complete this section if you have changed your principal place of practice details.*

|  |
| --- |
| **New information** |
| **Address** |  |
| **Company name** |  |
| **Company address** |  |
| **Contact business no.** |  | **Alternate contact no.** |  |
| **Contact email** |  |
| **Date of change** |  |

## PART B2: Change of practice details

|  |  |
| --- | --- |
| **Have you changed the capacity in which you have been practising, for example, from a member of an audit firm to an individual auditor?** | [ ]  Yes – if yes, go to B5 [ ]  No – if no, provide practice name, address orcontact details as applicable. |
| **New practice name or style (e.g. audit firm)** |  |
| **Business registration number** |  |
| **Address** |  |
| **Company name** |  |
| **Company address** |  |
| **Contact business no.** |  | **Alternate contact no.** |  |
| **Contact email** |  |
| **Date of change** |  |

## PART B3: Change of auditor name

*Complete this section if you have changed your name by deed poll or marriage.*

|  |
| --- |
| **New information** |
| **Family name** |  | **Given name** |  |
| **Contact business no.** |  | **Alternate contact no.** |  |
| **Contact email** |  |

## PART B4: Change of audit firm details

*Please provide details of change of firm name, address or contact details.*

|  |
| --- |
| **Have you changed the capacity in which you have been practising, for example, from a member of an audit firm to an individual auditor?** |
| [ ]  Yes – if yes, go to B5 [ ]  No – if no, provide practice name, address or contact details as applicable. |
| **New information** |
| **Film name** |  | **ABN** |  |
| **Address** |  |
| **Company name** |  |
| **Company address** |  |
| **Contact business no.** |  | **Alternate contact no.** |  |
| **Contact email** |  |
| **Date of change** |  |

## PART B5: Change of practice details

*Please complete this section if you have changed the capacity in which you practice as an auditor, and wish to notify the General Manager of the name and details of the practice, audit firm, or authorised audit company with whom you are now practising.*

|  |
| --- |
| **Please indicate the capacity in which you have ceased to practice:**[ ]  Individual auditor [ ]  Employee of an audit firm[ ]  Member (partner) of an audit firm[ ]  Employee of an authorised audit company[ ]  Director of an authorised audit company |
| **Date of change** |  |
| **Please indicate the capacity in which you have commenced to practice:**[ ]  Individual auditor [ ]  Employee of an audit firm[ ]  Member (partner) of an audit firm[ ]  Employee of an authorised audit company[ ]  Director of an authorised audit company |
| **If you are practising as an individual auditor and are carrying on a business under the name or style other than your own, please provide the following details:** |
| **Practice name** |  |
| *If the business name was registered before 28 May 2012, the business registration number of the State / Territory of registration is required.* |
| **Business registration number** |  | **State / Territory of registration** |  |
| **If you are practising as an individual auditor and are carrying on a business under the name or style other than your own, please provide the following details:** |
| **Firm name** |  |
| **If the business name was registered before 28 May 2012, the business registration number of the State / Territory of registration is required.** |
| **Business registration number** |  | **State / Territory of registration** |  |
| **If you are practising as an employee or director of an authorised audit company, please provide the following details:** |
| **Company name** |  |
| **Auditor registration number** |  |
| **If the company carries on business under a name or style other than its own name, please provide the following details:** |
| **Business name** |  |
| **If the business name was registered before 28 May 2012, the business registration number of the State / Territory of registration is required.** |
| **Business registration number** |  | **State / Territory of registration** |  |
| **Please provide the following address and contact details:** |
| **Company name** |  |
| **Company address** |  |
| **Contact business no.** |  | **Alternate contact no.** |  |
| **Contact email** |  |