

SCHEDULE 1 (to Standard No. GEN.S.10.3)**NOTIFICATION FORM FOR APPOINTMENT OF AN AUDITOR****PART 1: AUDITOR/DESIGNATED MEMBER OF THE FIRM OF AUDITORS DETAILS**

- 1.1 Name of auditor: _____
- 1.2 Nationality: _____
- 1.3 ID/Passport Number: _____
- 1.4 Country of Residence: _____
- 1.5 Physical Address: _____
- 1.6 Postal Address: _____
- 1.7 Telephone Number: _____
- 1.8 Fax Number: _____
- 1.9 Email Address: _____

PART 2: FIRM OF AUDITOR'S DETAILS (complete where applicable)

- 2.1 Name of Entity: _____
- 2.2 Physical Address: _____
- 2.3 Postal Address: _____
- 2.4 Entity Telephone Number: _____
- 2.5 Entity Fax Number: _____
- 2.6 Entity Email Address: _____

PART 3: PROFESSIONAL AFFILIATIONS OF AUDITOR

- 3.1 Name of Associations: _____
- 3.2 Membership Number: _____

PART 4: EDUCATIONAL QUALIFICATIONS OF AUDITOR

- 4.1 Highest Qualifications: _____
- 4.2 Name of School/College/University: _____
- 4.3 Further Training and Certifications: _____

PART 5: SUPPORTING DOCUMENTS (Attachments)

The following documents must be attached to the notification form. Kindly confirm the attachment of documents by marking the appropriate box with an "X".

		Attached	Comment
OTHER INFORMATION			
(a)	Certified copy of the resolution by the board appointing the auditor		
(b)	The relevant completed parts and other information required pursuant to Standard No. GEN.S.10.2 – Fit and Proper Requirements		
(c)	A certified copy of the auditor's acceptance letter		
(d)	A declaration of independence and eligibility signed by the appointed auditor		
(e)	Certified copy of ID/Passport of auditor or designated member, and certified copy of marriage certificate if name differs from the name on ID/Passport		
(f)	Certified copy/ies of educational qualification(s) of auditor or designated member		
(g)	A certified copy of the auditor's appointment letter		
(h)	A certified copy of the Notice of Consent to Appoint Auditor (CM31), where applicable		
(i)	The auditor's or designated member's up-to-date Curriculum Vitae		
(j)	A certified copy of the certificate of membership of the Institute of Chartered Accountants of Namibia		
(k)	Certified copy of valid good standing from the Public Accountants' and Auditors' Board (PAAB)		

SIGNATURE OF THE PRINCIPAL OFFICER OR DULY AUTHORISED PERSON

By signing the document, I confirm that the information contained in this notification can be relied upon and I have disclosed all necessary material information that may be required by NAMFISA.

Name: _____

Designation: _____

Signature: _____

Date: _____