[Firm letterhead]

[ORA Name: Position]

[Firm name]

[Address]

Director: Education, Training and Professional Development

Independent Regulatory Board for Auditors

PO Box 8237

Greenstone

1616

[Date]

**AUDIT DEVELOPMENT PROGRAMME ORA DECLARATION**

**The Oversight RAs information**

|  |  |
| --- | --- |
| Name and surname: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Position held in Firm: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| IRBA number: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**The Registered Candidate Auditor (RCA) Information**

|  |  |
| --- | --- |
| Name and surname: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| RCA Number: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date of ADP registration: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**The Declaration**

I, [Name and surname of ORA] hereby declare that [name and surname of RCA] has successfully completed:

* a minimum of 18 months in audit and assurance,
* a minimum of 1500 productive hours in audit and assurance activities, and has
* successfully completed the competency requirements determined by the IRBA for registration as an RA.

I further declare that nothing has come to my attention that suggests that [name and surname of RCA] is not suitable for registration with the IRBA.

In conclusion, I declare that I am in agreement with the contents of the submitted portfolio of evidence and support [name and surname of RCA’s] application for registration with the IRBA.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date