

(SAMPLE Online Form – Form PIE-1)

ACCOUNTING AND FINANCIAL REPORTING COUNCIL ("AFRC") Application as a Registered PIE Auditor

Name of CPA firm: XXX CPA & Co. (XXX 會計師事務所)

Registration number: 9000

To apply for registration of a CPA firm as a Registered PIE Auditor, the sole practitioner / senior partner of the CPA firm is required to submit the Registered PIE Auditor Application along with relevant supporting documents and payment to the AFRC within six months from the application creation date.

The requirements and procedures for the registration as a registered PIE auditor are set out in the AFRC's "Guide for the Registration of PIE Auditors" ("Guide"). Please read the Guide before completing and submitting this application.

While you may delegate another individual to complete the application and upload supporting documents on your behalf, it is the responsibility of the sole practitioner / senior partner of the CPA firm to submit the application online. Accordingly, the sole practitioner / senior partner of the CPA firm is required to login with his / her CPA (practising) login ID / password before submission of the application online.

By pressing the "Continue" below, I, for and on behalf of the CPA firm, understand that this application would be deemed unsuccessful if we fail to complete this online application within six months from the application creation date, i.e. [Today].

By pressing the "**CONFIRM and SUBMIT Application**" at the end of this application, the sole practitioner / senior partner of the CPA firm indicated that the information provided in this application is true and correct to the best of his / her knowledge and belief, and he / she will take full responsibility of the details of the application.

The AFRC may verify or audit any of the information provided in this application form, whether before or after a decision on the application is made.

Personal Data (Privacy) Ordinance: The information requested in this application may include personal data as defined in the Personal Data (Privacy) Ordinance (Cap. 486). Please refer to the "Personal Information Collection Statement" which sets out the policies and practices of the AFRC with regard to any personal data provided.

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A. Nominated Responsible Persons, i.e. Engagement Partner(s) (EP), Engagement Quality Control Reviewer(s) (EQCR) and Quality Control System Responsible Person(s) (QCSRP), who are current sole practitioner, partners or authorized signatories of the CPA firm

The sole practitioner, each partner or each authorized signatory of the CPA Firm can be nominated to register as an EP (if he/she is a CPA (practising)), EQCR and/or QCSRP (if he/she is the sole practitioner or a practising partner), and is required to complete and sign a "*Fit and Proper Declaration Form*" (Form F&P).

				Proposed for registration as:			
Name	PC no.	HKICPA Membership no.	Current status: PP/NP/AS	EP	EQCR	QCSRP	Fit and Proper Declaration Form
				(Pleas	lease put a "✓" in the appropriate boxes)		
Chan Tai Man	P50000	A90000	PP	\checkmark	$\mathbf{\overline{\mathbf{A}}}$		î
Wong Tai Man	P50001	A90001	PP		\checkmark	\checkmark	î
Lee Tai Man	-	A90002	NP				î

Key: PP = Practising Partner; **NP** = Non-Practising Partner; **AS** = Authorized Signatory

B. Nominated Engagement Quality Control Reviewer(s) (EQCR) who are not the sole practitioner, partners or authorized signatories of the CPA firm

You, for and on behalf of the CPA firm, can nominate a qualified person to register as an EQCR who is required to complete and sign a "*Fit and Proper Declaration Form*" (Form F&P). If you are the sole practitioner of the CPA firm, you must nominate a qualified person other than yourself to register as an EQCR. Where the nominated EQCR is not a CPA (practising) registered with the AFRC, a completed and signed "*Personal Details Form*" (Form PIE-EQCR) with necessary supporting documents are required.

Name	PC no.	Name of parent institute	HKID / Passport no.	Fit and Proper Declaration Form	Persona Details Form
	(if applicable)				
Cheung Tai Man	P50002	-	-	0	-
Ho Tai Man	-	НКІСРА	Z333333(0)	0	O

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C. Contact details of personnel handling this application for and on behalf of the PIE applicant (OPTIONAL):							
Full name in	BLOCK letters:						
Job Title:							
Telephone:	Fax	:	Email:				
D. Declara	tion				·		
Firm") and application	not anybody else, for registration as a	am responsible Registered PIE Au	for the uditor on	r partner of XXX CPA & CO. (the "C completion and submission of t line for and on behalf of the CPA Fi ual to perform on my behalf.	his		
	y, for and on behalf of blication:	the practice unit, w	vhose pai	rtners or members/directors are named	d in		
	• declare that the nominated Engagement Quality Control Reviewer(s) possesses the required competence and capabilities and appropriate authority to enable him or her to perform the role with the <i>Hong Kong Standard on Quality Management 2 Engagement Quality Reviews</i> issued by the Hong Kong Institute of Certified Public Accountants ("HKICPA");						
	declare that the nominated Quality Control System Responsible Person(s) is the Chief Executive Officer or a member of the managing board of partners of my/our practice;						
	declare that all inform knowledge and belief;		is applica	tion is true and complete to the best of	my		
	undertake to comply the Registration of Pl		nts specif	ied in Chapters 5 and 7 of the " <u>Guide</u>	<u>for</u>		
	waive all claims again from this application.	st the AFRC for any	/ loss or d	lamage my/our practice may suffer aris	sing		