

ACCOUNTING AND FINANCIAL REPORTING COUNCIL

CESSATION OF REGISTRATION OF RESPONSIBLE PERSON OF A REGISTERED PUBLIC INTEREST ENTITY (“PIE”) AUDITOR (FORM PIE-4)

IMPORTANT:

Personal Data (Privacy) Ordinance: The information requested in this notification form 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 Accounting and Financial Reporting Council (“AFRC”) with regard to any personal data provided.

The requirements and procedures for the notification of cessation of registration of responsible person of a registered PIE auditor are set out in the [“Guide for the Registration of PIE Auditors”](#) (“Guide”). Please read the Guide before completing this notification form.

SUBMISSION OR ENQUIRIES:

The completed notification form should be sent with all supporting documents by post to the AFRC:

Policy, Registration and Oversight Department
Accounting and Financial Reporting Council
10/F, Two Taikoo Place
979 King's Road, Quarry Bay
Hong Kong

For any enquiry, please contact the AFRC at +852 3586 7800 or e-mail registration@afrc.org.hk.

Section 1 – Name of Registered PIE Auditor

English name: _____

Chinese name, if any: _____

Practice unit registration no.: _____

Section 2 – Cessation of registration of Engagement Partner ("EP") / Engagement Quality Control Reviewer ("EQCR") / Quality Control System Responsible Person ("QCSRP")

<u>Full name in BLOCK letters</u>	<u>Practising Certificate no., if any</u>	<u>HKICPA Membership no., if any</u>	<u>Identity card / passport no.</u> <i>(for non-CPA practising only)</i>	<u>Cessation of EP/EQCR/QCSRP</u> <i>(please specify)</i>	<u>Proposed effective date</u> <i>(dd/mm/yyyy)</i>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(Please use separate sheet, if necessary, duly signed by the senior partner of the CPA firm / managing director of the corporate practice / CPA (practising) with the CPA firm / corporate practice registration no. / practising certificate no. on each of the sheet(s) attached. Total no. of sheet(s) attached _____.)

Section 3 – Declaration

(Please ✓ the box below)

- I hereby, for and on behalf of the Registered PIE Auditor:
- declare that the information provided in this notification is true and complete to the best of my knowledge and belief.
 - waive all claims against the AFRC for any loss or damage the practice may suffer arising from this notification.

Signature: _____
(Signature of the CPA (practising)/ senior partner of the CPA firm/ managing director of the corporate practice)

Date: _____
(dd/mm/yyyy)

Full name in BLOCK letters of the signatory: _____

Practising certificate no.: _____