



**PUBLIC ACCOUNTANTS AND AUDITORS BOARD**

(Established under the Public Accountants and Auditors Act Chapter 27:12)

**APPLICATION BY AN INDIVIDUAL TO REGISTER AS A REGISTERED CANDIDATE AUDITOR**

I hereby apply to be registered as a Registered Candidate Auditor (RCA) and I submit the following information in support of my application:

1. Name in full: (please use block letters)
  - (a) Title: \_\_\_\_\_
  - (b) Surname (and maiden name, if applicable): \_\_\_\_\_
  - (c) Forename(s) as per ID: \_\_\_\_\_
  - (d) Preferred name: \_\_\_\_\_
  
2. Your physical address: \_\_\_\_\_  
\_\_\_\_\_
  
3. Telephone number: \_\_\_\_\_  
Cell number: \_\_\_\_\_ Email address: \_\_\_\_\_
  
4. Identity number: \_\_\_\_\_ Race\* \_\_\_\_\_ Gender\* \_\_\_\_\_  
**(Please attach a copy of your identity document or card)**
  
5. If you do not have a Zimbabwean identity document, please provide the following details  
Passport number: \_\_\_\_\_ Country of issue: \_\_\_\_\_  
Date of issue: \_\_\_\_\_ Date of expiry: \_\_\_\_\_  
**(Please provide a copy of the passport)**
  
6. I was registered as a trainee accountant from \_\_\_\_\_ to \_\_\_\_\_  
and my registration number was \_\_\_\_\_



7. Do you intend applying for the Recognition of Prior Learning (RPL) for a part of the period since completion of your training contract; if so, indicate the period you intend to apply for RPL and the firm where prior learning was attained? Also indicate whether this period was attained in your current firm. Please note, if you are applying for RPL with experience from more than one firm, the competencies achieved at the other firms must be signed off by engagement partners from the applicable firms. Where applicable, monitoring visit may be required from all the firms included in the POE as part of RPL.

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8. I passed my core assessment programme on \_\_\_\_\_ (date)

ICAZ – Assessment of Professional Competence  
ICPAZ – CPA Ireland Examinations  
ACCA – Advanced Audit & Assurance Exam Option

**ANSWER “YES” OR “NO” TO QUESTIONS 9 TO 13**

9. Are there any outstanding or in-progress disciplinary matters against you? If yes, please provide details on a separate page \_\_\_\_\_
10. Have you at any time been removed from an office of trust because of misconduct related to a discharge of that office? If yes, please provide details on a separate page. \_\_\_\_\_
11. Have you at any time been convicted, whether in the Republic or elsewhere, of theft, fraud, forgery, uttering a forged document, perjury, corruption, or any other offence involving dishonesty? If yes, please provide details on a separate page. \_\_\_\_\_
12. Are you, for the time being, declared by a competent court to be of unsound mind or unable to manage your own affairs? If yes, please provide details on a separate page. \_\_\_\_\_
13. Are you an unrehabilitated insolvent, have you entered into a compromise with your creditors, are you under debt review, or have you been provisionally sequestrated? If yes to any of these questions, please provide details on a separate page. \_\_\_\_\_
14. Are you a member of a professional body accredited as such by the Board? \_\_\_\_\_

14.1 If you answered yes to question 14, please state the name of the body and your membership number:

\_\_\_\_\_ Membership Number \_\_\_\_\_

**(Please attach a letter of good standing from your professional body)**

Please note that membership of a professional body accredited by the PAAB is required for registration and continued registration with the PAAB. The only professional bodies currently accredited by the PAAB to train auditors are the Association of Chartered Certified Accountants (ACCA), the Institute of Chartered Accountants of Zimbabwe (ICAZ) and the Institute of Chartered Public Accountants in Zimbabwe (ICPAZ).

15. Are you resident within Zimbabwe? \_\_\_\_\_

Please note that residence in Zimbabwe is a requirement for registration and continued registration with the PAAB.



**FIRM INFORMATION**

16. Name of a registered audit firm that will offer the Audit Development Programme (ADP)  
\_\_\_\_\_
17. Full name and surname of the Oversight Registered Public Auditor (ORPA)  
\_\_\_\_\_
18. ORPA's PAAB registration number \_\_\_\_\_
19. ORPA's identity number \_\_\_\_\_
20. ORPA's email address \_\_\_\_\_

**PLEASE PROVIDE BRIEF RESPONSES TO THE FOLLOWING QUESTIONS:**

Firms with candidates registered on the ADP will be required to go through a monitoring process. The monitoring process is useful for creating an environment that is conducive to the development of professional competence of aspirant Registered Auditors.

21. Has the abovementioned firm been subject to and undergone a PAAB firm inspection in the past three years? \_\_\_\_\_
22. Does your firm have a prescribed audit methodology?  
\_\_\_\_\_
23. Does the firm have an established quality control system as required by international standards on quality control?  
Please provide details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
24. Does the firm have policies and procedures in place for acceptance of new clients and continuance with existing clients?  
Briefly explain.  
\_\_\_\_\_  
\_\_\_\_\_  
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25. Does the firm have policies and procedures regarding documentation retention? Briefly explain.

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26. Does the firm have a code of ethics signed by employees?

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**FIRM'S JOB PLANNING TOOL**

26. Firm's job planning

**(Please attach a copy of your firm's job planning documentation. The job planning template should indicate the clients that you have been allocated for either a six-month or 12- month period – refer to the ADP Booklet for more details in this regard.)**

I certify that the above information is true and correct in every detail, and I undertake to comply with the Code of Professional Conduct, as updated from time to time by the PAAB. \*\*

I enclose a proof of payment, in the amount of USD \_\_\_\_\_ in respect of the application fee.

The PAAB's Nostro banking details are:

Bank: Standard Chartered Bank  
Branch: Africa Unity Square  
Account Number: 8740408495000  
Swift Code: SCBLZWHXXXX

Please note that we cannot start processing your application without confirmation of payment.

Please sign:

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Date

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Signature of applicant

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Date

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Signature of ORPA

\* This information is requested in order to gauge the profession's success in becoming more representative of the people in Zimbabwe.

\*\* The PAAB's Code of Professional Conduct is available on our website at [www.paab.org.zw](http://www.paab.org.zw)

Please e-mail us your application form and supporting documentation to [adpadmin@paab.org.zw](mailto:adpadmin@paab.org.zw)

*Please note a 10% administration fee of the application fee will be withheld for all unsuccessful applications.*