**AF 003**

(May 2017)

# Document E: Cancellation or suspension of auditor registration

## Parts A-B may be lodged with this signed cover page to notify the Commissioner of:

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| * B1. Request to cancel auditor registration * B2. Request to suspend auditor registration |  |

If there is insufficient space in any section of the form, you may copy the relevant page(s) and submit as part of this lodgement.

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| **PART A: Auditor Details** | |
| Full Name: | Auditor registration number: |
| Address: | |
| Company Name: | |
| Company address: | |
| Contact business no.: | Alternate contact no.: |
| Contact email: | |

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| **Auditor declaration** |
| **Auditor Declaration:**  *I certify that the information in this cover sheet and the attached sections of this form is true and complete.*  **Name and Signature:**  **Date:** |
| **Please send completed and signed forms to:**  **[address]** |

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| **Part B1: Request to cancel auditor registration** |
| I request to cancel my registration as a registered auditor. |
| Date of change: |
| Reason for the cancellation: |
| If you are a registered company auditor with ASIC, has ASIC been notified of this request?  □ Yes  □ No  □ Not applicable |

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| **Part B2: Request to suspend auditor registration** | |
| I request to suspend my registration as a registered auditor. | |
| Suspension date from: | Suspension date to: |
| Reason for the suspension: | |
|  | |
| If you are a registered company auditor with ASIC, has ASIC been notified of this request?  □ Yes  □ No  □ Not applicable | |