**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
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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 |