

ACCOUNTING AND FINANCIAL REPORTING COUNCIL

RENEWAL OF RECOGNITION OF OVERSEAS AUDITORS INFORMATION OF THE OVERSEAS AUDITOR (FORM D)

IMPORTANT:

Personal Data (Privacy) Ordinance: The information requested in this application 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 application for the renewal of recognition of overseas auditor are set out in the "[Guide for the Recognition of Overseas Auditors](#)" ("Guide"). Please read the Guide before completing this application form.

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.

SUBMISSION OR ENQUIRIES:

The completed application form should be sent with all supporting documents by post to the AFRC, or by email to recognition@afrc.org.hk followed by post:

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 recognition@afrc.org.hk.

Accounting and Financial Reporting Council
Renewal of Recognition of Overseas Auditors
Application Form D - Information of the Overseas Auditor
(To be filled in and submitted by the overseas auditor)

Section 1 General information of the overseas entity			
1.1	Full name of the entity (the Overseas Entity)		
1.2	Stock code(s) and places(s) of listing, where applicable		
1.3	Type of Overseas Entity	<input type="checkbox"/>	A corporation
		<input type="checkbox"/>	A collective investment scheme
1.4	Correspondence address		

Section 2 General information of the overseas auditor			
Name and contact information			
2.1	Full name of the auditor to undertake the PIE engagement(s) for the Overseas Entity (the Overseas Auditor)		
If there is any change in the information in sections 2.2 to 2.16 since the last submission of Application Form B or Application Form D, please tick “Yes” and fill in the relevant information. If not, please tick “N/A”.			
2.2	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Legal form
2.3	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Home country
2.4	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Business address

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2.5	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Correspondence address	
2.6	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Phone number, including country and area codes	
2.7	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Fax number, including country and area codes	
2.8	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Email address	
2.9	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Website address	
Primary contact person				
2.10	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Last name	
2.11	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	First name	
2.12	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Title/position in the Overseas Auditor	
2.13	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Correspondence address	
2.14	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Phone number, including country and area codes	
2.15	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Fax number, including country and area codes	
2.16	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Email address	

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Network ¹	
Indicate if there is any change in the information in sections 2.17 to 2.19 since the last submission of Application Form B or Application Form D.	
Yes <input type="checkbox"/> (proceed to sections 2.17 to 2.19)	No <input type="checkbox"/> (proceed to section 3)
2.17	Does the overseas auditor belong to a network? Yes <input type="checkbox"/> No <input type="checkbox"/> (proceed to section 3)
2.18	Name of the network
2.19	Provide an Annex with a description of the network including at least the governance structure and a list of names of all members of the network. Alternatively, if the website of the network contains such a description, a link to the relevant web page may be provided.
	Web page address

Section 3 Accountancy body and regulatory organization	
Accountancy body	
3.1	Name of the accountancy body in the home country (the Accountancy Body) as given in section 2.3 of which/with which the Overseas Auditor is a member/registered
If there is any change in the information in sections 3.2 to 3.6 since the last submission of Application Form B or Application Form D, please tick “Yes” and fill in the relevant information. If not, please tick “N/A”.	
3.2	Yes <input type="checkbox"/> N/A <input type="checkbox"/> Correspondence address

¹ A “network” is (a) the larger structure which is aimed at cooperation and to which the overseas auditor belongs; and (b) which is clearly aimed at profit or cost-sharing or shares common ownership, control or management, or shares common quality-control policies and procedures, or shares a common business strategy, or shares the use of a common branch-name or shares a significant part of professional resources.

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3.3	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Phone number, including country and area codes	
3.4	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Fax number, including country and area codes	
3.5	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Email address	
3.6	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Membership/Registration number of the Overseas Auditor in the Accountancy Body, where applicable	
3.7	Indicate if the accountancy body is a member of the International Federation of Accountants (the IFAC) ² .			
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3.8	Indicate if over 50% of partners of the Overseas Auditor are the members of the Accountancy Body that is a member of IFAC.			
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Regulatory organization				
3.9	Name of the regulatory organization in the home country as given in section 2.3 with jurisdiction over the registration, external quality assurance review, investigation and disciplinary sanctions over the Overseas Auditor (the Regulatory Organization)			
If there is any change in the information in sections 3.10 to 3.13 since the last submission of Application Form B or Application Form D, please tick “Yes” and fill in the relevant information. If not, please tick “N/A”.				
3.10	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Correspondence address	

² According to with section 20ZF(2)(b)(i) of the AFRCO, an application for recognition will not be granted unless the overseas auditor is a member of an accountancy body that is a member of the International Federation of Accountants.

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3.11	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Phone number, including country and area codes	
3.12	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Fax number, including country and area codes	
3.13	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Email address	
3.14	Indicate if the regulatory organization is a member of the International Forum of Independent Audit Regulators (the IFIAR).			
	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
3.15	Indicate if the regulatory organization is from a jurisdiction which has attained equivalence status granted by the European Commission under Article 46 of Statutory Audit Directive 2006/43/EC.			
	Yes <input type="checkbox"/>		No <input type="checkbox"/>	

Section 4 Governance structure

Governance structure

4.1	Indicate if there is any change in the governance structure of the Overseas Auditor since the last submission of Application Form B or Application Form D.			
	Yes <input type="checkbox"/>	(provide an Annex with updated information. Alternatively, if the website of the Overseas Auditor contains such updated information, a link to the relevant web page may be provided.)	No <input type="checkbox"/>	(proceed to section 4.2)
	Web page address			

Members of the board/committee

4.2	Indicate if there is any change in respect of the names, qualifications and registration details for each member of the board/committee responsible for the governance of the Overseas Auditor since the last submission of Application Form B or Application Form D.			
	Yes <input type="checkbox"/>	(provide the updated information in Form D1 – Members of Board/Committee)	No <input type="checkbox"/>	(proceed to section 5)

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Section 5 Internal quality control system

5.1	<p>Indicate if there is any change in respect of the policies and procedures of the internal quality control system of the Overseas Auditor since the last submission of Application Form B or Application Form D. The policies and procedures should address the following areas:</p> <p>(a) leadership responsibilities for quality; (b) acceptance and continuance of client relationships and specific engagements; (c) human resources; (d) engagement performance; and (e) monitoring.</p>	
	<p>Yes <input type="checkbox"/> (provide an Annex with updated information)</p>	<p>No <input type="checkbox"/> (proceed to section 5.2)</p>
5.2	<p>Provide the number of partners of the Overseas Auditor eligible to perform an engagement quality control review on audit and other assurance engagements.</p>	

Section 6 Ethics and independence

6.1	<p>Indicate if there is any change in respect of the ethics and independence policies, procedures and practices of the Overseas Auditor since the last submission of Application Form B or Application Form D.</p>	
	<p>Yes <input type="checkbox"/> (provide an Annex with updated information)</p>	<p>No <input type="checkbox"/> (proceed to section 7)</p>

Section 7 PIE engagement

Auditing standards

7.1	<p>Auditing and assurance standards to be adopted in carrying out the PIE engagement(s) of the Overseas Entity.</p>	
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Engagement partner³				
If there is any change in the information in sections 7.2 to 7.8 since the last submission of Application Form B or Application Form D, please tick “Yes” and fill in the relevant information. If not, please tick “N/A”.				
7.2	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Name of the engagement partner responsible for the PIE engagement(s) of the Overseas Entity (the Engagement Partner)	
7.3	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Years of experience in auditing and/or accounting	
7.4	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Professional qualification(s)	
	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Name(s) of the professional body/bodies granting the qualification(s)	
	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Registration number(s) in the professional body/bodies, where applicable	
7.5	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Correspondence address of the Engagement Partner	

³ “Engagement partner” refers to a partner or other person of the Overseas Auditor who is responsible for the engagement and its performance, and for the report that is issued on behalf of the Overseas Auditor, and who, where required, has the appropriate authority from a professional, legal or regulatory body.

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7.6	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Telephone number of the Engagement Partner, including country code and area codes	
7.7	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Fax number of the Engagement Partner, including country code and area codes	
7.8	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Email address of the Engagement Partner	

Engagement quality control reviewer⁴

If there is any change in the information in sections 7.9 to 7.15 since the last submission of Application Form B or Application Form D, please tick “Yes” and fill in the relevant information. If not, please tick “N/A”.

7.9	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Name of the engagement quality control reviewer responsible for the PIE engagement(s) of the Overseas Entity (the EQCR)	
7.10	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Years of experience in auditing and/or accounting	
7.11	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Professional qualification(s)	
	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Name(s) of the professional body/bodies granting the qualification(s)	

⁴ “Engagement quality control reviewer” refers to a partner, other person of the Overseas Auditor, suitably qualified external person, or a team made up of such individuals, none of whom is part of the engagement team, with sufficient and appropriate experience and authority to objectively evaluate the significant judgments the engagement team made and the conclusions it reached in formulating the report.

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	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Registration number(s) in the professional body/bodies, where applicable	
7.12	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Correspondence address of the EQCR	
7.13	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Telephone number of the EQCR, including country code and area codes	
7.14	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Fax number of the EQCR, including country code and area codes	
7.15	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	Email address of the EQCR	
Key engagement team members⁵				
7.16	Number of key engagement team member(s) responsible for the PIE engagement(s) of the Overseas Entity (the Key Engagement Team Members)			
7.17	Number of certified public accountants (or equivalent) among the Key Engagement Team Members			
Experience in carrying out the PIE engagement				
7.18	If there is any change in the Engagement Partner, the EQCR, and/or the Key Engagement Team Members, provide an Annex with a description of the experience of the individual in carrying out audit and other assurance engagements for entities with similar business operations as the Overseas Entity.			

⁵ “Key engagement team member” refers to any individual, whether a partner or staff member, who is expected to incur more than 10% of the total estimated hours for completing a PIE engagement of the Overseas Entity (but excluding the Engagement Partner, the EQCR and any individual engaged by a network firm).

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Section 8 Continuing professional education

8.1	Please declare if the Engagement Partner, the EQCR and the Key Engagement Team Members comply with the following requirements:	
	<ul style="list-style-type: none"> • Completion of at least 120 hours of relevant professional development activities⁶ in each rolling three-year period, of which 60 hours shall be verifiable⁷; and • Completion of at least 20 hours (either verifiable or non-verifiable) of relevant professional development activity in each year. 	
Yes	<input type="checkbox"/>	We declare that the Engagement Partner, the EQCR and the Key Engagement Team Members comply with the above requirements.
No	<input type="checkbox"/>	<p>We cannot declare that the Engagement Partner, the EQCR and the Key Engagement Team Members comply with the above requirements.</p> <p>Indicate which of the above personnel do not comply with the above requirements and provide details of such non-compliance.</p>

⁶ Relevant professional development activities refer to learning activities, which develop the professional knowledge, professional skills and professional values of the individuals and are relevant to their current and future work, professional responsibilities, helping them to enhance the understanding of the trends and environment in which they are working as a certified public accountant. Learning activities to improve business skills, such as leadership, negotiation, management and presentation skills can also be recognized as relevant professional development activities.

⁷ Learning activities will be counted as verifiable hours so long as they can be objectively verified by a competent source. Such sources include attendance records, examination result slips, confirmation of registration for online courses etc. Evidence may also include independent assessment that a learning activity has occurred e.g. certificates of achievement; confirmation by an instructor, mentor or tutor of participation; or confirmation by an employer of participation in an in-house programme.

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Section 9 External quality assurance review			
9.1	Has the Overseas Auditor been subject to an external quality assurance review since the last submission of Application Form B or Application Form D?		
	Yes	<input type="checkbox"/> (proceed to section 9.2)	No <input type="checkbox"/> (proceed to section 10)
9.2	For each of the external quality assurance review conducted by the regulatory organization(s) in the home country or other jurisdiction(s) on the Overseas Auditor since the last submission of Application Form B or Application Form D, provide the information as set out in sections 9.3 to 9.7.		
9.3	Name of the regulatory organization	(1)	
		(2)	
		(3)	
9.4	Country of the regulatory organization	(1)	
		(2)	
		(3)	
9.5	Date when the external quality assurance review was carried out	(1)	
		(2)	
		(3)	
9.6	Provide a copy of the report of each external quality assurance review issued by the regulatory organization (the Inspection Report). If the Inspection Report is not provided, explain in an Annex why the Inspection Report is not provided.		
9.7	Provide an Annex with a description of the following information of each external quality assurance review: (a) Whether an engagement performed by: - the Overseas Auditor for the Overseas Entity, - the Engagement Partner, or - the EQCR was subject to the review; (b) The result of the review; (c) The main shortcomings identified; (d) The remedial measures that have been taken/to be taken by the Overseas Auditor to address the shortcomings; and (e) Whether the regulatory organization was satisfied with the remedial measures.		

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Section 10 Good repute					
10.1	Has a previous application for registration of the Overseas Auditor in any jurisdiction been rejected since the last submission of Application Form B or Application Form D?				
	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Yes <input type="checkbox"/> Provide the following information in an Annex: (a) Name of the authority; (b) Country of the authority; and (c) Reason of the rejection. </td> <td style="width: 50%; vertical-align: top;"> No <input type="checkbox"/> Proceed to section 10.2 </td> </tr> </table>	Yes <input type="checkbox"/> Provide the following information in an Annex : (a) Name of the authority; (b) Country of the authority; and (c) Reason of the rejection.	No <input type="checkbox"/> Proceed to section 10.2		
Yes <input type="checkbox"/> Provide the following information in an Annex : (a) Name of the authority; (b) Country of the authority; and (c) Reason of the rejection.	No <input type="checkbox"/> Proceed to section 10.2				
10.2	Indicate if there is disciplinary case against the Overseas Auditor, the Engagement Partner and/or the EQCR since the last submission of Application Form B or Application Form D.				
	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Yes <input type="checkbox"/> Provide the following information in an Annex: (a) Name of the authority; (b) Country of the authority; and (c) Details of the case. </td> <td style="width: 50%; vertical-align: top;"> No <input type="checkbox"/> Proceed to section 10.3 </td> </tr> </table>	Yes <input type="checkbox"/> Provide the following information in an Annex : (a) Name of the authority; (b) Country of the authority; and (c) Details of the case.	No <input type="checkbox"/> Proceed to section 10.3		
Yes <input type="checkbox"/> Provide the following information in an Annex : (a) Name of the authority; (b) Country of the authority; and (c) Details of the case.	No <input type="checkbox"/> Proceed to section 10.3				
10.3	Are the Overseas Auditor, the Engagement Partner and the EQCR of good repute?				
	<p>In order to assess whether or not the Overseas Auditor, the Engagement Partner and the EQCR are of good repute, questions in “Declaration of Good Repute” in relation to the Overseas Auditor (Part I) and in relation to the Engagement Partner (Part II) and the EQCR (Part III) should be completed.</p> <p>If the answer to any of the questions in “Declaration of Good Repute” is “Yes”, additional information and explanation as necessary should be provided to enable the AFRC to assess good repute of the Overseas Auditor, the Engagement Partner and the EQCR.</p>				
	<table border="0" style="width: 100%;"> <tr> <td style="width: 20%; vertical-align: top;"> Yes <input type="checkbox"/> </td> <td style="vertical-align: top;"> We declare that the Overseas Auditor, the Engagement Partner and the EQCR are of good repute. </td> </tr> <tr> <td style="vertical-align: top;"> No <input type="checkbox"/> </td> <td style="vertical-align: top;"> We cannot declare that the Overseas Auditor, the Engagement Partner and the EQCR are of good repute. Provide details. </td> </tr> </table>	Yes <input type="checkbox"/>	We declare that the Overseas Auditor, the Engagement Partner and the EQCR are of good repute.	No <input type="checkbox"/>	We cannot declare that the Overseas Auditor, the Engagement Partner and the EQCR are of good repute. Provide details.
Yes <input type="checkbox"/>	We declare that the Overseas Auditor, the Engagement Partner and the EQCR are of good repute.				
No <input type="checkbox"/>	We cannot declare that the Overseas Auditor, the Engagement Partner and the EQCR are of good repute. Provide details.				

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Section 11 Declarations and signature

We confirm that the information provided in this application form and the annexes (section 12) are complete and true. We will notify the AFRC in writing within 14 days of any change in the information required in this application form and the annexes (section 12).

This application form should be signed by an authorized person on behalf of the Overseas Auditor, and submitted to the AFRC at the following address by post, or by email to recognition@afrc.org.hk followed by post:

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

Last name	
First name	
Title/Position in the Overseas Auditor	
Date	
Signature (must be signed by an authorized person on behalf of the Overseas Auditor)	

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Section 12 Summary of annexes		
Indicate if the following annexes are provided:		
<input type="checkbox"/>	Section 2.19	Description of the network
<input type="checkbox"/>	Section 4.1	Description of the governance structure
<input type="checkbox"/>	Section 4.2	Form D1 – Members of Board/Committee
<input type="checkbox"/>	Section 5.1	Description of the internal quality control system
<input type="checkbox"/>	Section 6.1	Description of the ethics and independence policies, procedures and practices
<input type="checkbox"/>	Section 7.18	Description of the experience of the Engagement Partner, the EQCR, and/or the Key Engagement Team Members
<input type="checkbox"/>	Section 9.6	Inspection Report(s)
<input type="checkbox"/>	Section 9.6	Description of the reason(s) why the Inspection Report is not provided
<input type="checkbox"/>	Section 9.7	Information of the external quality assurance review(s)
<input type="checkbox"/>	Section 10.1	Information of the rejected application(s) for registration of the Overseas Auditor
<input type="checkbox"/>	Section 10.2	Information of the disciplinary case(s) against the Overseas Auditor, the Engagement Partner and/or the EQCR
<input type="checkbox"/>	Section 10.3	Declaration of Good Repute of the Overseas Auditor, the Engagement Partner, and the EQCR