

ACCOUNTING AND FINANCIAL REPORTING COUNCIL

APPLICATION FOR DE-REGISTRATION OF A REGISTERED PUBLIC INTEREST ENTITY (“PIE”) AUDITOR (FORM PIE-5)

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 de-registration 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 application form.

SUBMISSION OR ENQUIRIES:

The completed application 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 – Primary contact

Primary contact is the personnel who will handle this application for and on behalf of the Registered PIE Auditor.

Full name in
BLOCK letters: _____ Job title: _____

Email address: _____ Phone no.: _____

Section 3 – Declaration and undertaking

(Please ✓ the appropriate box.)

I hereby, for and on behalf of the Registered PIE Auditor:

- confirm that it is my / our intention to deregister the Registered PIE Auditor specified in section 1 of this application form as a Registered PIE Auditor with effect from _____ .
(dd/mm/yyyy)
- confirm that I / we understand that the practice name specified in section 1 of this application will be removed from the AFRC's register of Registered PIE Auditors upon the AFRC's approval of this application.
- declare that the information provided in this application 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 unit may suffer arising from this application.

Signature: _____ Date: _____
*(Signature of the CPA (practising)/ senior partner of the CPA firm/
managing director of the corporate practice)* *(dd/mm/yyyy)*

Full name in
BLOCK letters of
the signatory: _____ Practising
certificate no.: _____
