



## **ZAMBIA INSTITUTE OF CHARTERED ACCOUNTANTS**

### **2017 ANNUAL RETURN**

**PLEASE COMPLETE SECTION A IF YOU HOLD AN AUDIT PRACTICING CERTIFICATE AND SECTION B IF YOU HOLD A NON-AUDIT PRACTICING CERTIFICATE. FAILURE TO DO SO WILL RESULT IN YOUR RENEWAL OF REGISTRATION WITH THE ZAMBIA INSTITUTE OF CHARTERED ACCOUNTANTS NOT BEING PROCESSED.**

1. Please fill in your firm details in full.
2. The form must be completed with respect to your audit/non audit situation as at 31<sup>st</sup> December 2017.
3. With respect to the audit return the client list should include:
  - (a) A separate client list per partner in the firm.
  - (b) The category of a client as per required format provided on page 4 below.
  - (c) For group audit situations, each entity in the group must be listed on the listing of the registered auditor responsible for issuing the opinion on the entity.

**FIRM'S DETAILS:**

Firm's Name:

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Main Address:

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Mailing Address:

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Contact Partner:

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Telephone Numbers:

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Fax Numbers:

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E-mail Address:

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Number of Branch Offices:

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Details of Branch Offices:

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**SECTION A**  
**FULL AUDIT RETURN**

I, the undersigned \_\_\_\_\_ (Full names) do hereby state that:

- I hold a full audit practicing certificate and I (do/do not) perform audits of financial statements. (*delete as appropriate*)
- Attached is a comprehensive Client List classified as per categories set out in this document for whom I conducted audit assurance services in the last 12 months to 31<sup>st</sup> December 2017.
- I undertake to inform the Institute, immediately in writing, should I in future commence or no longer perform audits of public interest entities.

I certify that all the information given is true and correct to the best of my knowledge and belief. **ZICA RESERVES THE RIGHT TO AUDIT THE AUTHENTICITY OF RESPONSES GIVEN BELOW**

\_\_\_\_\_  
**SIGNED**

**SECTION B**  
**NON AUDIT RETURN**

I, the undersigned \_\_\_\_\_ (Full names) do hereby state that:

- I hold a non-audit practicing certificate and do not perform audits of financial statements.
- I undertake to inform the Institute, immediately in writing, should I in future commence performing audits of financial statements.

I certify that all the information given is true and correct to the best of my knowledge and belief. **ZICA RESERVES THE RIGHT TO AUDIT THE AUTHENTICITY OF RESPONSES GIVEN BELOW**

\_\_\_\_\_  
**SIGNED**

### SECTION C

1. Where a firm is a partnership or limited company, please provide number of partners/directors in appropriate box below:

PARTNERSHIP

LIMITED COMPANY

2. Please provide names of all principals, their professional qualifications and the offices from which they operate, also stating whether each principal is responsible for audit work:

Name of Principal	Professional Qualifications	Office	Responsible for Audit (Yes/No)
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3. Are you a sole practitioner?

Y ☐ N ☐

If yes, attach proof of Continuity of Practice Agreement:

4. Do you have documented audit quality control procedures in accordance with the requirements of International Standard on Quality Control 1?

Y ☐ N ☐

5. Do you have an internal audit quality review programme?

Y ☐ N ☐

If yes, give description:

	YES/NO
6. Have you or the Practice contravened any provision of the Companies Act 1994 or any regulations made under it relating to the seeking appointment or acting as company auditor?	
7. Have you or the Practice contravened any provision of similar legislations or regulations of any territory outside Zambia?	
8. Have you or the Practice on any occasion, in respect of any matter, given the Institute false, inaccurate, misleading or incomplete information or failed to co-operate with the Institute?	
9. (In the case of individuals): are you or have you been:	
a) at any time bankrupt, signed a trust deed for creditors or entered into a deed of arrangement, scheme or composition in respect of his financial affairs (or any similar or analogous event); or	
b) removed from the office of liquidator, trustee, administrative receiver, administrator or supervisor; or	
c) excluded from or refused membership of a professional body on disciplinary grounds; and	
d) found to have failed to ensure that the experience and competence of your employees and practice associates is adequate, having regards to the nature of the work involved.	
10. Have you or the Practice undergone any practice review by the Institute?	
11. Have you met the CPD requirements as provided for by ZICA? Attach completed copy of CPD return for the year	
12. What CPD activities did you participate in specifically in relation to financial reporting and auditing?	
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13. Do you have of proof of professional indemnity insurance? Kindly attach copy to the form



**SECTION D (Tick as appropriate)**

**i. ESTIMATED AUDIT INCOME**

<b>BELOW K1,000, 000</b>	<b>K1,000, 000 TO K 2,000,000</b>	<b>K2,000,000 TO K 5,000,000</b>	<b>K5, 000, 000 TO K</b>

**ii. ESTIMATED NON AUDIT INCOME**

<b>BELOW K1,000, 000</b>	<b>K1,000, 000 TO K 2,000,000</b>	<b>K2,000,000 TO K 5,000,000</b>	<b>K5, 000, 000 TO K</b>

**iii. GRAND TOTAL OF ESTIMATED INCOME (AUDIT AND NON AUDIT)**

<b>BELOW K1,000, 000</b>	<b>K1,000, 000 TO K 2,000,000</b>	<b>K2,000,000 TO K 5,000,000</b>	<b>K5, 000, 000 TO K</b>

**E. Details of Audit Clients for 2017 Only (Status as at 30 December 2017):**

<i>Client No.</i>	<i>Client Name</i>	<i>Client Category (See below)</i>	<i>Nature of Business</i>	<i>Industry</i>	<i>Audit Principal</i>
1					
2					
3					
4					
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15					

**F. DECLARATION:**

I .....do hereby declare that the information given above is true and complete. I am aware that if the information is false, the Institute can take disciplinary action against me.

Signed:

Date: