**Application Form AF 003** | 6 March 2023

# Document E: Cancellation or

# suspension of auditor registration

## Parts A–B may be lodged with this signed cover page to notify the General Manager of the Fair Work Commission of:

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.

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

| **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:** Click or tap to enter a date. |
| **Please send completed and signed forms to regorgs@fwc.gov.au.** |

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

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