

**FORM 29**  
**Notice of**  
**PARTICULARS OF AUDITORS**  
 (sections 191(1))

Name of Company

UIN

**1. TYPE OF COMPANY**

(Please tick one of the boxes)

Public Company

Private Company

If the company is a private company, please indicate whether it is non-exempt company or an exempt company

Non-exempt Company

Exempt Company

**2. AUDITOR DETAILS**

**AUDITOR CEASING TO HOLD OFFICE**

Name:	Date of Cessation:
Address:	

**APPOINTMENT OF NEW AUDITOR**

*Complete this information if the auditor is an individual*

*Identity Number: (*Passport Number applicable to non-citizens only) First, Middle & Last Name: Nationality: Gender: Date of Birth: Telephone: SMS: Email address:	Residential address:       Appointment Date:
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*Complete this information if the auditor is a 'body corporate'*

UIN: Company Name:	Registered Office address:       Appointment Date:
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In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business.

**CHANGE OF NAME OR ADDRESS OF AUDITOR**

\* Complete only those details that apply.

Name

Former Name

New Address

Former Address

Contact Details

Telephone:
SMS:
Email:

Former Contact Details

Telephone:
SMS:
Email:

Effective Date

**3. ACCOMPANYING DOCUMENTS**

*Tick where applicable*

The following documents must accompany this form:

- a. If the auditor is newly appointed or has changed their name and is a non-citizen, a copy of their passport. If this is not in English it should be accompanied by a translation.

**4. DECLARATION**

*Tick to confirm information*

- I confirm any newly appointed auditor has signed a consent form to act as auditor. The consent form is held at the proposed company's registered office and the Registrar may request to view this consent form at any time.
- I confirm I am either a director of this company or a person authorised to complete this application on their behalf, and have all necessary enquiries to ensure that the information contained in this application is true and correct. **I understand that knowingly making false statement or misleading representation or omission is an offence under companies Act.**

Signed By:

Signature: ..... Date

Completed by:

  

Postal Address:

**\*Identity Number:**  
(\*For non-citizens either National ID or Passport)

Telephone:

Mobile:

Email: