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| Application Form EU (LU) for registration of audit firms already approved in a Member State of the EU/EEA |

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| **Introduction**  This application form is for the registration within the CSSF of audit firms already approved in a Member State in accordance with Articles 3(a), 15 and 17 of the amended Directive 2006/43/EC of 17 May 2006 on statutory audits of annual accounts and consolidated accounts.  As requested in the article 14 of the law of 23 July 2016 on the audit profession, the information provided under Items 1.1 to 1.13, 2.1, 3.2, 3.4, 4.1, 5.1 and 6.1 will be stored in the public register administrated by the CSSF and will be made electronically accessible to the public. The register can be found under [www.cssf.lu](http://www.cssf.lu). |

All the fields market with a \* are mandatory

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| **1.0** | **Name of the Applicant, Contact Details** | |
| 1.1 | Full name of the applicant (this form refers to the third-country auditor or audit entity as the “applicant”) \* | [enter text] |
| 1.2 | Legal form of the applicant \* | [enter text] |
| 1.3 | Home country of the applicant \* | [enter text] |
| 1.4 | Street \* | [enter text] |
| 1.5 | City \* | [enter text] |
| 1.6 | Postal Code \* | [enter text] |
| 1.7 | Phone number, including country and area code \* | [enter text] |
| 1.8 | Email address \* | [enter text] |
| 1.9 | Website address \* | [enter text] |
| 1.10 | List names and business addresses of all owners and shareholders (Please use ***Form EU-1 (LU)*** – Owners and Shareholders as an Annex).\* | |
| 1.11 | List names and business addresses of administrative and/or management body (Please use ***Form EU-2 (LU)*** – Administrative and/or Management Body as an Annex).\* | |

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|  | **primary contact person for this registration** | |
| 1.12 | Last name of the primary contact person \* | [enter text] |
| 1.13 | First name of the primary contact person \* | [enter text] |
| 1.14 | Street \* | [enter text] |
| 1.15 | City \* | [enter text] |
| 1.16 | Postal Code \* | [enter text] |
| 1.17 | Phone number, including country and area code \* | [enter text] |
| 1.18 | Email address \* | [enter text] |

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| **2.0** | **affiliated entities** | |
| 2.1 | Does the applicant have any affiliates? \* | Yes No (If no, proceed to 3.0) |
| List names and contact details of all the affiliates of the applicant (Please use ***Form EU-3 (LU)*** - Affiliated Entities as an Annex). \* | |

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| **3.0** | **membership in a network** | |
| 3.1 | Does the applicant belong to a network? \* | Yes No (If no, proceed to 4.0) |
| 3.2 | Name of the network \* | [enter text] |
| 3.3 | Provide an Annex with a description of the network including at least its organizational structure, a list of names and contact details of all members of that network. Alternatively you may provide a link to a website where such information is publicly available (in this case proceed to 3.4). \* | |
| 3.4 | Website address | [enter text] |

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| **4.0** | **other offices** | |
| 4.1 | Does the applicant have offices other than the principal office that are responsible for the audit of a relevant audit clients as given at item 8?\* | Yes No (If no, proceed to 5.0) |
| List contact details of all offices that are responsible for issuing audit reports in relation to relevant audit clients as given at item 8. (Please use ***Form EU-4 (LU)*** *– Other Offices* as an Annex) \* | |

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| **5.0** | **registration as an audit firm in the home country** | |
| 5.1 | Is the applicant registered as an audit entity in its home country? \* | Yes No (If no, proceed to 6.0) |
| 5.2 | Name of the authority/body responsible for registration \* | [enter text] |
| 5.3 | Registration number \* | [enter text] |
| 5.4 | Street \* | [enter text] |
| 5.5 | City \* | [enter text] |
| 5.6 | Postal Code \* | [enter text] |
| 5.7 | Phone number, including country and area code \* | [enter text] |
| 5.8 | Email address |  |
| 5.9 | Provide with a certificate attesting to the registration of the applicant in the home Member State. This certificate shall be issued by the competent authority of the home Member State and **be not more than three months old.** \* | |

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| **6.0** | **Other registration as an audit firm** | |
| 6.1 | Is the applicant registered as an audit firm in another country than its home country? \* | Yes No (If no, proceed to 7.0) |
| List all relevant registrations (Please use ***Form EU-5 (LU)*** – *Other Registrations* as an Annex). \* | |

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| **7.0** | **Key audit partners** |
| 7.1 | List, names, contacts details and registration details for all key audit partners designated by the applicant as being primarily responsible for carrying out (or signing) on behalf of the applicant a particular audit engagement listed under item 8.0 (Please use ***Form EU-6 (LU) –*** *Key Audit Partners* as an Annex). \* |

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| **8.0** | **Relevant audit clients** |
| 8.1 | List all audit clients for which the applicant intends to carry out statutory audits in Luxembourg (Please use ***Form EU-7 (LU) –*** *Client Information* as an Annex). \* |

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|  | **annexes** |
|  | * Form EU-1 (LU) - Owners and Shareholders * Form EU-2 (LU) - Administration and/or Management Body * Form EU-3 (LU) - Affiliated Entities * Form EU-4 (LU) - Other Offices * Form EU-5 (LU) - Other Registrations * Form EU 6 (LU) – Key Audit Partners * Form EU 7 (LU) – Client Information * List of names and addresses of member firms (as Annex to item 3.3) * Description of the network (as Annex to item 3.3) * Certificate attesting to the registration of the applicant in the home Member State (as Annex to item 5.9) |

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|  | **signature and declaration** | |
|  | Fill in this form and send an electronic copy including all attachments to the following email address: [public.oversight@cssf.lu](mailto:public.oversight@cssf.lu). On filing this application form, a registration fee is due. The CSSF will inform you on the approval or rejection of your registration application. | |
|  | We confirm that the information in this form is complete and true.  We agree to cooperate fully with the CSSF in respect of oversight, external quality assurance, investigation and penalties, in accordance with Article 34, paragraph (1) of the amended Statutory Audit Directive 2006/43/EC, to the extent in which it does not contravene to other legal provisions to which we are subject. In such a case, we will provide the CSSF with a Legal Opinion, if required.  We have paid the appropriate registration fee to the CSSF. In addition, we understand that the non-payment of the registration fee to the CSSF will automatically lead to the rejection of this application.  We understand that an annual registration fee will be due on the anniversary date of the registration. | |
|  | Last name \* | [enter text] |
|  | First name \* | [enter text] |
|  | Function \* | [enter text] |
|  | Date \* | [enter text] |
|  | Signature(1) (on behalf of the applicant) \*  (1) *when available please use your electronic signature* | [enter text] |