RESERVE BANK OF FIJI

CREDIT UNION ACT 2025

FORM CU-L APPLICATION FOR APPROVAL OF APPOINTED AUDITOR

1. Name of Auditor:

   ……..

2. Street address of principal place of business:

   …….

3. Postal address:

   …….

4. Email address:

   …….

5. Firm auditor is employed by:

   ……..

6. Telephone No: …….. Fax No: ……..

7. Does the auditor hold a current certificate of practice issued by the Fiji Institute of Accountants? Yes / No

8. Provide details of auditor's qualifications and experience. *(Attach latest Curricular Vitae)*

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   ……

9. Provide details of the reasons for any change in auditor (*applicable only to an application for a replacement auditor):*
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   ……
   …….

RESERVE BANK OF FIJI

10. DECLARATION

I hereby declare that the above statements and details are correct, and I understand and accept that any statement or detail found to be incorrect may result in prosecution under the Credit Union Act 2025.

Signed on this ……day of ……in the year……

……. …….

Name of Director /Chairperson Director / Chairperson Signature