

Standing data form 5 - Regulatory contact and role changes

HOW TO COMPLETE THIS FORM

To ensure we have all the information we need to update your record, please complete the latest version of this form. These are available at icaew.com/standingdataforms or please email regulatorysupport@icaew.com for a copy. The completed form(s) should also be submitted to regulatorysupport@icaew.com

Stop. Before completing this form, you should:

- Please fill in this form electronically, using the TAB key to move from one answer to the next. The relevant sections can be signed with a digital signature.
- Please note that all signatures and Letters of Good Standing (LOGS) need to be dated within the last three months. If, at the stage of approval of the application, the signature was added more than three months ago, we will require the form to be resigned and/or a new LOGS to be provided.
- If you need more space for an answer, please attach additional sheets.
- Then send it as an email attachment to regulatorysupport@icaew.com
- Read the notes provided for each question before answering. If you have any questions as you complete the form, please call +44 (0)1908 546 302. This may avoid delays in dealing with your changes.
- Consider that you may need to submit more than one form and refer to the guidance section at icaew.com/standingdataforms.
- Ensure the changes you are making do not impact on your firm's eligibility for example for audit work or anti-money laundering supervision. For more information, please visit icaew.com/firmrecord
- Ensure that the changes do not impact your firm's eligibility to use the description, Chartered Accountant. [Find out more](#).
- If your firm is probate accredited, check whether you also need to inform us about any additional non authorised owners (see [probate eligibility](#)).

1 FIRM DETAILS

Firm name:

Firm number:

Please ensure you have read the notes overleaf before continuing to complete the rest of this form.

2 RESPONSIBLE INDIVIDUAL CESSATIONS

Please complete this section for all those who wish to cease responsible individual status in audit firms. If you wish to add a responsible individual to the firm, please [complete this application form](#).

Membership number if known	Name	Date of cessation	Reason for cessation	Leaving the firm?	If remaining at the firm, in what capacity
				YES	Principal
				NO	Employee
					Other
				YES	Principal
				NO	Employee
					Other
				YES	Principal
				NO	Employee
					Other

3 LICENSED PRACTITIONER CESSATIONS

Please complete this section for all those who wish to cease licensed practitioner status in licensed practice firms. If you wish to add a licensed practitioner to the firm, please [complete this application form](#).

Membership number if known	Name	Date of cessation	Reason for cessation	Leaving the firm?	If remaining at the firm, in what capacity
				YES	Principal
				NO	Employee Other
				YES	Principal
				NO	Employee Other
				YES	Principal
				NO	Employee Other

4 AUTHORISED INDIVIDUAL CESSATIONS

Please complete this section for all those who wish to cease authorised individual status in a probate firm.

If you wish to add an authorised individual to the firm, please complete this [application form to appoint an authorised individual](#).

Membership number if known	Name	Date of cessation	Reason for cessation	Leaving the firm?	If remaining at the firm, in what capacity
				YES	Principal
				NO	Employee Other
				YES	Principal
				NO	Employee Other
				YES	Principal
				NO	Employee Other

5 NON-AUTHORISED OWNER CESSATIONS

Membership number if known	Name	Date of cessation	Reason for cessation	Leaving the firm?	If remaining at the firm, in what capacity
				YES	Principal
				NO	Employee
					Other
				YES	Principal
				NO	Employee
					Other
				YES	Principal
				NO	Employee
					Other

6 IMPACT ON PROBATE ELIGIBILITY

Are there any additional probate non authorised owners that arise from the change you are informing us about?

If 'YES', have you included all relevant non authorised owner forms for Disclosure and Barring Service (DBS) check?

Please contact regulatorysupport@icaew.com to arrange payment of any DBS check fee(s). See also [probate eligibility information](#).

7 KEY AUDIT PARTNER CESSATIONS

Membership number if known	Name	Date of cessation	Reason for cessation	Leaving the firm?	If remaining at the firm, in what capacity
				YES	Principal
				NO	Employee
					Other
				YES	Principal
				NO	Employee
					Other
				YES	Principal
				NO	Employee
					Other

8 CONTACT PARTNER CHANGES

If a contact partner is changing, [section 8](#) of this form needs to be signed by the current contact partner, not the incoming contact partner.

Audit compliance principal change

Name of the current audit compliance principal:

New compliance principal details:

Name:

ICAEW membership or affiliate number (if applicable):

Email:

Date of the transfer:

Is the new ACP currently a responsible individual (RI) within the firm? YES NO

If 'no', note the [RI application form](#) must be completed and submitted with your standing data form. Please confirm this has been included YES

Practice Assurance principal change

Name of the current Practice Assurance principal:

New Practice Assurance principal details:

Name:

ICAEW membership or affiliate number (if applicable):

Email:

Date of the transfer:

DPB (Investment Business) compliance principal change

Name of the current DPB compliance principal:

New compliance principal details:

Name:

ICAEW membership or affiliate number (if applicable):

Email:

Date of the transfer:

Probate contact partner change

Name of the current probate contact partner:

New contact partner details:

Name:

ICAEW membership or affiliate number (if applicable):

Email:

Date of the transfer:

Is the new probate contact partner an authorised individual with the firm? YES NO

If 'no', note the [authorised individual application form](#) must be completed and included with your standing data form. Please confirm this has been included. YES

Probate head of legal practice change

Please note, changes to the probate head of legal practice (HoLP) must be notified to us via the appropriate [application form](#). If the proposed new HoLP is not already an authorised individual, they must also apply for this status at the same time using the same form.

If applicable, the [non-authorised owner form](#) will also need to be completed.

Name of the current head of legal practice:

New head of legal practice details:

Name:

ICAEW membership or affiliate number (if applicable):

Email:

Date of the transfer:

Is the new head of legal practice an authorised individual with the firm? YES NO

If 'no', note the [authorised individual application form](#) must be completed and included with your standing data form. Please confirm this has been included. YES

Probate head of finance and administration change

Please note, changes to the probate head of finance and administration (HoFA) must be notified to us via the appropriate [application form](#). If applicable, the [non-authorised owner form](#) will also need to be completed.

Name of the current of finance and administration:

New of finance and administration details:

Name:

ICAEW membership or affiliate number (if applicable):

Email:

Date of the transfer:

Local Public Audit (LPA) compliance principal change

Name of current LPA ACP:

New LPA ACP details:

Name:

ICAEW membership or affiliate number (if applicable):

Email:

Date of the transfer:

Licensed Practice compliance principal change

Name of the current licensed practice compliance principal:

New licensed practice compliance principal details:

Name:

ICAEW membership or affiliate number (if applicable):

Email:

Date of the transfer:

Money laundering compliance principal (MLCP) change

Name of the current MLCP:

New MLCP details:

Name:

ICAEW membership or affiliate number (if applicable):

Email:

Date of the transfer:

Money laundering reporting officer (MLRO) change

Name of the current MLRO:

New MLRO details:

Name:

ICAEW membership or affiliate number (if applicable):

Email:

Date of the transfer:

9 SIGN

Please sign to confirm the changes included. If a contact partner has changed, the current (not the incoming) contact partner must sign below.

Electronic signatures using Adobe or DocuSign are accepted.

Name of ACP or equivalent if not audit registered:

ICAEW membership/affiliate number:

Signature:

Date:

Once this form has been completed, please send it to regulatorysupport@icaew.com along with any other additional forms or information required. (See our guidance notes at icaew.com/standingdataforms)



USING YOUR PERSONAL INFORMATION

We will treat your personal information in accordance with data protection legislation. We will use your information to carry out our responsibilities as a regulator and as a professional body. We may, either as required by law or to carry out those responsibilities, share your personal information to comply with the requirements of government departments, agencies and regulators. Where necessary, we may transfer your information outside the UK or European Economic Area (EEA) eg, to one of our offices. These countries may not have similar data protection laws to the UK so, if we do transfer your information, we will take the necessary steps to ensure that your privacy rights are still protected. For more information about our data protection policy, please go to icaew.com/dataprotection