



FORM ACI 1: ANNUAL RETURN – ATTESTATION CLIENT INFORMATION

FIRM'S DETAILS			
Firm name			
Number of partners			
Contact partner		Telephone	
E-mail			
Main office address	Main	Mailing address (if different)	

PARTNERS/PRINCIPALS/DIRECTORS
Are you considered and SMP (Small or Medium-sized Practitioner) YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you use an accounting framework other than IFRS (International Financial Report Standards) YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES please state:

AUDIT CLIENTS (International Standards on Auditing or Equivalent)	
Public Interest Entity (PIE) is defined as a listed company, bank or similar financial institution, credit union, insurance company or a mutual fund that takes third party risks or funds. <i>See guidance issued by BICA in the categorisation of PIEs.</i>	
Type	Number of clients
Non-PIE clients	
Business Licence Clients	
PIE Clients:	
Banks or similar financial institutions	
Credit unions	
Insurance companies	
Listed companies	
Mutual funds that take third party risk or funds	

**REVIEW CLIENTS (International Standards on Review Engagements or Equivalent)**

Type	Number of clients
Non-PIE clients	
Business Licence Clients	
PIE Clients:	
Banks or similar financial institutions	
Credit unions	
Insurance companies	
Listed companies	
Mutual funds that take third party risk or funds	

OTHER ATTESTATION CLIENTS (International Standards on Attestation Engagements or Equivalent)

Type	Number of clients
Non-PIE clients	
Business Licence Clients	
PIE Clients:	
Banks or similar financial institutions	
Credit unions	
Insurance companies	
Listed companies	
Mutual funds that take third party risk or funds	

CONFIRMATION

On behalf of my firm I confirm that the information given in this form is true, accurate and complete to the best of my knowledge and belief after making all reasonable enquiries. I understand that a false declaration on this form may lead to disciplinary action being taken against me and/or my firm.

Contact Partner Name (Printed) and Signature:**Date:**

Please return the completed form to:

Bahamas Institute of Chartered Accountants (BICA)**#33 Collins Avenue, ICB Building, P.O .Box N-7037, Nassau, Bahamas****E-mail: executive@bica.bs****Telephone: +1 (242) 326 6619****OFFICE USE ONLY**

Processed by:

Date: