

# Standing data change



Any changes to the standing data of regulated firms must be made within 10 business days of the change. Please see [Maintaining your firm's record](#) for further details and requirements for regulatory changes.

This form is for firms that wish to make changes to the principals or structure of their firm, including trading names and regulatory individuals such as responsible individuals and authorised individuals.

The application is needed to confirm the details of regulatory changes to the structure and individuals within the firm. The necessary signed confirmation from the audit compliance partner or equivalent contact partner if the firm is not audit registered is also required.

Please note that not every section requires completion, but you must complete all of the sections that are relevant to the change that you wish to make. A principal refers to a director of a limited company, a member of an LLP or a partner in a partnership or sole practice..

## HOW TO COMPLETE THIS APPLICATION FORM

Please read the notes provided for each question before completing.

Fill in this form electronically, using the TAB key to move from one answer to the next.

If you have any questions as you fill in the form, please call +44 (0)1908 546 302. This may avoid delays in dealing with your application

### 1 FIRM DETAILS

Firm name

Firm number **C00**

## 2 PRINCIPAL ADDITIONS

Please complete this section for all principals being added to the firm. If the principal to be added is an ICAEW member please read the *ICAEW Statement on Engaging in Public Practice* to determine whether an individual will require a practicing certificate (PC) to undertake the role.

Membership no. if known	Name	Home address	Office no.	Office address	PC held?	Are you a member of any regulatory bodies? If so, which one(s)	Date of birth	Date appointed
					<input type="radio"/> YES		DD MM YYYY	DD MM YY
					<input type="radio"/> NO			
					<input type="radio"/> YES		DD MM YYYY	DD MM YY
					<input type="radio"/> NO			
					<input type="radio"/> YES		DD MM YYYY	DD MM YY
					<input type="radio"/> NO			
					<input type="radio"/> YES		DD MM YYYY	DD MM YY
					<input type="radio"/> NO			
					<input type="radio"/> YES		DD MM YYYY	DD MM YY
					<input type="radio"/> NO			
					<input type="radio"/> YES		DD MM YYYY	DD MM YY
					<input type="radio"/> NO			
					<input type="radio"/> YES		DD MM YYYY	DD MM YY
					<input type="radio"/> NO			
					<input type="radio"/> YES		DD MM YYYY	DD MM YY
					<input type="radio"/> NO			

Are the necessary affiliate forms included?  YES  NO  No affiliates

Are the necessary responsible individual forms included?  YES  NO  No RIs

Will there be any shareholder/voting rights/management board changes following the appointment? (If yes, see appropriate sections below)  YES  NO

### 3 PRINCIPAL RETIREMENTS AND REMOVALS

Please complete this section for all principals that are leaving the employment of the firm or retiring. For the definition of principal, please see front sheet.

Membership no. if known	Name	Date of birth	Date of removal
		DD MM YYYY	DD MM YY
		DD MM YYYY	DD MM YY
		DD MM YYYY	DD MM YY
		DD MM YYYY	DD MM YY
		DD MM YYYY	DD MM YY
		DD MM YYYY	DD MM YY
		DD MM YYYY	DD MM YY
		DD MM YYYY	DD MM YY

Will there be any shareholder/voting rights/management board changes following the retirement? (If yes, please complete sections 7, 8 and 9 as appropriate below)

YES  NO

### 4 OFFICE ADDITIONS/ADDRESS CHANGES

Please complete this section for all additional offices or any changes of address to offices already attached to the firm. Please include an updated letterhead for each new office and each address changed. Please make sure all letterheads provided are compliant with the [updated letterhead guidelines](#).

Office no.	Address	Telephone	Email	Is this a market day office?	Is this an address change?	Is this a new office?
				<input type="radio"/> YES	<input type="radio"/> YES	<input type="radio"/> YES
				<input type="radio"/> NO	<input type="radio"/> NO	<input type="radio"/> NO

Office no.	Address	Telephone	Email	Is this a market day office?	Is this an address change?	Is this a new office?	
				<input type="radio"/> YES	<input type="radio"/> YES	<input type="radio"/> YES	
				<input type="radio"/> NO	<input type="radio"/> NO	<input type="radio"/> NO	
				<input type="radio"/> YES	<input type="radio"/> YES	<input type="radio"/> YES	
				<input type="radio"/> NO	<input type="radio"/> NO	<input type="radio"/> NO	
				<input type="radio"/> YES	<input type="radio"/> YES	<input type="radio"/> YES	
				<input type="radio"/> NO	<input type="radio"/> NO	<input type="radio"/> NO	
				<input type="radio"/> YES	<input type="radio"/> YES	<input type="radio"/> YES	
				<input type="radio"/> NO	<input type="radio"/> NO	<input type="radio"/> NO	
				<input type="radio"/> YES	<input type="radio"/> YES	<input type="radio"/> YES	
				<input type="radio"/> NO	<input type="radio"/> NO	<input type="radio"/> NO	
				<input type="radio"/> YES	<input type="radio"/> YES	<input type="radio"/> YES	
				<input type="radio"/> NO	<input type="radio"/> NO	<input type="radio"/> NO	
				<input type="radio"/> YES	<input type="radio"/> YES	<input type="radio"/> YES	
				<input type="radio"/> NO	<input type="radio"/> NO	<input type="radio"/> NO	
Have you included a letterhead with the new address/office contact details?						<input type="radio"/> YES	<input type="radio"/> NO
Will there be any probate work conducted at this office?						<input type="radio"/> YES	<input type="radio"/> NO

# 5 OFFICE CESSATIONS ONLY

Please complete this section for all offices that are to be removed from the firm.

Office no.    Address

Date of cessation	Training office?
DD MM YYYY	<input type="radio"/> YES
	<input type="radio"/> NO
DD MM YYYY	<input type="radio"/> YES
	<input type="radio"/> NO
DD MM YYYY	<input type="radio"/> YES
	<input type="radio"/> NO
DD MM YYYY	<input type="radio"/> YES
	<input type="radio"/> NO
DD MM YYYY	<input type="radio"/> YES
	<input type="radio"/> NO
DD MM YYYY	<input type="radio"/> YES
	<input type="radio"/> NO
DD MM YYYY	<input type="radio"/> YES
	<input type="radio"/> NO

## 6 TRADING NAME ADDITION

Please complete this section to confirm all new trading names that the firm will be using and also if they will be used to sign audit reports. Please note that if a trading name is used to sign audit reports this will be billed as an additional office during our fee renewal period. Firms that hold a DPB (Investment Business) licence may incur a one off registration charge of £100 for additional trading names.

Trading name

Used to sign audit reports      Have you included £100 if designated professional body (DPB) registered?

- |                           |  |
|---------------------------|--|
| <input type="radio"/> YES | <input type="radio"/> YES                |
| <input type="radio"/> NO  | <input type="radio"/> Not DPB registered |
| <input type="radio"/> YES | <input type="radio"/> YES                |
| <input type="radio"/> NO  | <input type="radio"/> Not DPB registered |
| <input type="radio"/> YES | <input type="radio"/> YES                |
| <input type="radio"/> NO  | <input type="radio"/> Not DPB registered |
| <input type="radio"/> YES | <input type="radio"/> YES                |
| <input type="radio"/> NO  | <input type="radio"/> Not DPB registered |
| <input type="radio"/> YES | <input type="radio"/> YES                |
| <input type="radio"/> NO  | <input type="radio"/> Not DPB registered |
| <input type="radio"/> YES | <input type="radio"/> YES                |
| <input type="radio"/> NO  | <input type="radio"/> Not DPB registered |
| <input type="radio"/> YES | <input type="radio"/> YES                |
| <input type="radio"/> NO  | <input type="radio"/> Not DPB registered |
| <input type="radio"/> YES | <input type="radio"/> YES                |
| <input type="radio"/> NO  | <input type="radio"/> Not DPB registered |

# 7 TRADING NAME CESSATIONS

Please complete this section for all trading names that are no longer used by the firm.

Trading name to be ceased

Used to sign audit reports    Date of cessation

- YES    DD MM YYYY
- NO

## 8 SHAREHOLDER CHANGES

Where there is a change in the shareholding of the firm please complete the table below and ensure holdings add to 100%. If the firm is audit registered then please ensure that the firm remains eligible to carry out audit work under the Audit Regulations. If the firm is using the description Chartered Accountant please make sure that the firm remains eligible to use this description.

Member/firm no. if known	Full name (and address if not a director) of shareholders with voting rights	No. of shares	% of total voting rights	Type of audit qualification held (UK AQ, EEA AQ, Registered Auditor (RA), EEA Statutory Auditor (EEA SA) or None)	Director, employee or other
<b>C00</b>				<input type="radio"/> UK AQ <input type="radio"/> EEA AQ <input type="radio"/> RA <input type="radio"/> EEA SA <input type="radio"/> None	<input type="radio"/> Director <input type="radio"/> Employee <input type="radio"/> Other
<b>C00</b>				<input type="radio"/> UK AQ <input type="radio"/> EEA AQ <input type="radio"/> RA <input type="radio"/> EEA SA <input type="radio"/> None	<input type="radio"/> Director <input type="radio"/> Employee <input type="radio"/> Other
<b>C00</b>				<input type="radio"/> UK AQ <input type="radio"/> EEA AQ <input type="radio"/> RA <input type="radio"/> EEA SA <input type="radio"/> None	<input type="radio"/> Director <input type="radio"/> Employee <input type="radio"/> Other
<b>C00</b>				<input type="radio"/> UK AQ <input type="radio"/> EEA AQ <input type="radio"/> RA <input type="radio"/> EEA SA <input type="radio"/> None	<input type="radio"/> Director <input type="radio"/> Employee <input type="radio"/> Other
<b>C00</b>				<input type="radio"/> UK AQ <input type="radio"/> EEA AQ <input type="radio"/> RA <input type="radio"/> EEA SA <input type="radio"/> None	<input type="radio"/> Director <input type="radio"/> Employee <input type="radio"/> Other

Please attach an additional sheet with the details of further shareholders.

Are there any additional probate non authorised owners that arise from the change?

YES    NO

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

YES    NO

## 9 VOTING RIGHTS CHANGES

Please complete the below table for all voting rights of the firm following the change in a percentage to add up to 100%. If the firm is audit registered then please ensure the firm remains eligible to carry out audit work under the Audit Regulations. If the firm is using the description Chartered Accountant please make sure that the firm remains eligible to use this description.

Member/firm no. if known	Full name (and address if not a director) of shareholders with voting rights	No. of shares	% of total voting rights	Type of audit qualification held (UK AQ, EEA AQ, Registered Auditor (RA), EEA Statutory Auditor (EEA SA) or None)	Director, employee or other
<b>C00</b>				<input type="radio"/> UK AQ <input type="radio"/> EEA AQ <input type="radio"/> RA <input type="radio"/> EEA SA <input type="radio"/> None	<input type="radio"/> Director <input type="radio"/> Employee <input type="radio"/> Other
<b>C00</b>				<input type="radio"/> UK AQ <input type="radio"/> EEA AQ <input type="radio"/> RA <input type="radio"/> EEA SA <input type="radio"/> None	<input type="radio"/> Director <input type="radio"/> Employee <input type="radio"/> Other
<b>C00</b>				<input type="radio"/> UK AQ <input type="radio"/> EEA AQ <input type="radio"/> RA <input type="radio"/> EEA SA <input type="radio"/> None	<input type="radio"/> Director <input type="radio"/> Employee <input type="radio"/> Other
<b>C00</b>				<input type="radio"/> UK AQ <input type="radio"/> EEA AQ <input type="radio"/> RA <input type="radio"/> EEA SA <input type="radio"/> None	<input type="radio"/> Director <input type="radio"/> Employee <input type="radio"/> Other
<b>C00</b>				<input type="radio"/> UK AQ <input type="radio"/> EEA AQ <input type="radio"/> RA <input type="radio"/> EEA SA <input type="radio"/> None	<input type="radio"/> Director <input type="radio"/> Employee <input type="radio"/> Other

Please attach an additional sheet with the details of further shareholders.

Are there any additional probate non authorised owners that arise from the change?

YES    NO

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

YES    NO

## 10 MANAGEMENT BOARD CHANGES

Please complete the below table for all names on the updated management board.

Membership no. if known	Surname	First names	Office location	Principal?	% of voting rights in board	Type of audit qualification held (UK AQ, EEA AQ, Registered Auditor (RA), EEA Statutory Auditor (EEA SA) or None)		
				<input type="radio"/> YES		<input type="radio"/> UK AQ	<input type="radio"/> EEA AQ	<input type="radio"/> RA
				<input type="radio"/> NO		<input type="radio"/> EEA SA	<input type="radio"/> None	
				<input type="radio"/> YES		<input type="radio"/> UK AQ	<input type="radio"/> EEA AQ	<input type="radio"/> RA
				<input type="radio"/> NO		<input type="radio"/> EEA SA	<input type="radio"/> None	
				<input type="radio"/> YES		<input type="radio"/> UK AQ	<input type="radio"/> EEA AQ	<input type="radio"/> RA
				<input type="radio"/> NO		<input type="radio"/> EEA SA	<input type="radio"/> None	
				<input type="radio"/> YES		<input type="radio"/> UK AQ	<input type="radio"/> EEA AQ	<input type="radio"/> RA
				<input type="radio"/> NO		<input type="radio"/> EEA SA	<input type="radio"/> None	
				<input type="radio"/> YES		<input type="radio"/> UK AQ	<input type="radio"/> EEA AQ	<input type="radio"/> RA
				<input type="radio"/> NO		<input type="radio"/> EEA SA	<input type="radio"/> None	
				<input type="radio"/> YES		<input type="radio"/> UK AQ	<input type="radio"/> EEA AQ	<input type="radio"/> RA
				<input type="radio"/> NO		<input type="radio"/> EEA SA	<input type="radio"/> None	
				<input type="radio"/> YES		<input type="radio"/> UK AQ	<input type="radio"/> EEA AQ	<input type="radio"/> RA
				<input type="radio"/> NO		<input type="radio"/> EEA SA	<input type="radio"/> None	

Are there any additional probate non authorised owners that arise from the change?

YES  NO

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

YES  NO

## 11 RI 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 an application form which can be located [here](#).

Membership no. if known	Name	Date of birth	Date of cessation
		DD MM YYYY	DD MM YY
		DD MM YYYY	DD MM YY
		DD MM YYYY	DD MM YY
		DD MM YYYY	DD MM YY
		DD MM YYYY	DD MM YY

## 12 AUTHORISED INDIVIDUAL (AI) 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 an [application form to appoint an authorised individual](#).

Membership no. if known	Name	Date of birth	Date of cessation
		DD MM YYYY	DD MM YY
		DD MM YYYY	DD MM YY
		DD MM YYYY	DD MM YY
		DD MM YYYY	DD MM YY
		DD MM YYYY	DD MM YY

## 13 LISTED CLIENTS CHANGES

In this section please confirm the number of listed clients following the change.

Number of listed clients

## 14 NON AUTHORISED OWNER CESSATIONS

Please complete this section for all those who wish to leave a probate firm that hold non authorised owner status. If you wish to add a non authorised owner to the firm, please complete an [application form to approve a non-authorised owner of a licenced firm](#).

Membership no. if known	Name	Date of birth	Date of cessation
		DD MM YYYY	DD MM YY
		DD MM YYYY	DD MM YY
		DD MM YYYY	DD MM YY
		DD MM YYYY	DD MM YY
		DD MM YYYY	DD MM YY

## 15 CONTACT PARTNER CHANGES

Please confirm the details when an audit compliance partner (ACP)/DPB contact/probate contact or PA principal changes. If a contact partner has changed, section 17 of this form needs to be signed by the current (not the new) contact partner.

Current audit contact partner name

New audit contact partner name

What is the date of the ACP transfer? DD MM YY

Is the new ACP currently a responsible individual within the firm?

YES  NO

If 'NO', have you included an application form?

YES  NO

ICAEW membership/affiliate number (if applicable) of new ACP

Date of birth DD MM YYYY

Email address

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Current DPB contact partner name

New DPB contact partner name

What is the date of the DPB contact partner transfer? DD MM YY

ICAEW membership/affiliate number (if applicable) of new DPB contact partner

Date of birth DD MM YYYY

Email address

---

Current probate contact partner name

New probate contact partner name

What is the date of the head of legal practice/contact partner transfer? DD MM YY

Is the new head of legal practice (HoLP)/contact partner an authorised individual with the firm?

YES  NO

If 'NO', have you included an application form?

YES  NO

ICAEW membership/affiliate number  
(if applicable) of new HoLP/probate  
contact partner

Date of birth DD MM YYYY

Email address

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Current PA principal name

New PA principal name

What is the date of the PA principal  
transfer? DD MM YY

ICAEW membership/affiliate number (if  
applicable) of new PA principal

Date of birth DD MM YYYY

Email address

## 16 VOLUNTARY WITHDRAWALS

Please complete this section if you would like to withdraw a service from the firm. Please note that during the end of year billing period any withdrawals must be confirmed to us by 31 January or the firm may still be required to pay the annual fee.

Which services would you like withdrawn?

Audit  DPB  Probate  Licensed Practice scheme

Date withdrawal effective from DD MM YY

Will the firm cease to trade?

YES  NO

Does the firm have any audit clients?

YES  NO

If 'YES', please confirm where they have gone

Has the firm formally registered as auditors from any audit clients?

YES  NO

Is this a merger/takeover/acquisition?

YES  NO

If 'YES', please see merger form to complete instead.

Is this the result of incorporation?

YES  NO

Does firm have any probate clients?

YES  NO

If 'YES', please confirm where they have gone

Has the firm formally resigned from any probate clients?

YES  NO

## 17 DECLARATION

Please sign to confirm the legitimacy of all changed included. If a contact partner is changed, the current (not the new) contact partner must sign below.

Name of ACP or equivalent if not audit registered

ICAEW membership/affiliate number (if applicable)

Signature

Date DD MM YY

Please email your application to:  
[regulatorysupport@icaew.com](mailto:regulatorysupport@icaew.com)

T +44 (0)1908 546 302

### 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. Where necessary, 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. Your personal data may be transferred to countries outside of the European Economic Area (EEA). For example, your personal data may be shared with one of ICAEW's overseas offices if necessary. Where data is transferred outside of the EEA, it is done on the basis of appropriate safeguards. For more information about our data protection policy, please go to [icaew.com/dataprotection](https://www.icaew.com/dataprotection)