***FORM 9***

*Regulation 30(2)*

ELECTRONIC SIGNATURES REGULATIONS 2013

**APPLICATION TO REGISTER AS COMPLIANCE AUDITOR**

1. (a) Name of applicant…………………………………………………………………….

 (b) Address……………………………………………………………………………….

2. Legal status of applicant……………………………………………………………………

(*Attach a certificate of registration where applicable*).

3. Qualification and experience (attach a curriculum vitae)

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4. Describe your knowledge of digital signature technology practices

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5. Statement of knowledge of the requirements of the Act and Regulations

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Dated this……………………..day of…………………….……….20……………

………………………………..

**Applicant**