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(Provider)

**STATEMENT OF PROVIDER OF ACCOUNTING SERVICE**

We declare that we are taking into account all provisions of the Standard for Providers of Accounting Services on the day of application for Certificate of Conformity.

We are taking the provisions into account in accordance with the size and number of employees.

We declare that we will always allow the Chamber of Accounting Services to execute regular or special supervision of compliance with the Standard.

We undertake to inform the Chamber of Accounting Services within 8 days about any changes in factors that are crucial for compliance with the provisions of the Standard.

Responsible person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature and stamp)

In \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, on \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Annexes:

* Appropriate certificate of competence of employed person in accordance with Article 4.1 of the Standard for Providers of Accounting Services
* Statement on the number of employees and certificate of employment of a suitably qualified person
* Certificate of professional liability insurance

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(Provider)

**STATEMENT ON THE NUMBER OF EMPLOYEES AND**

**CERTIFICATE OF EMPLOYMENT OF A SUITABLY QUALIFIED PERSON**

On the day of application, we declare that we have (enter number):

\_\_\_\_\_ regular employees and

\_\_\_\_\_ contract staff.

The person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has/holds (mark):

□ completed an examination under the CAS programme for becoming Professional Manager of the accounting firm

□ a certificate of the CCIS on completion of Programme for Accounting Firm Management Training, or

□ the professional title of Certified Accountant or Accountant, obtained at the Slovenian Institute of Auditors, or

□ completed examination in accordance with the ACCA programme, or

□ The CIPFA International Diploma in Public Sector Acounting from The Chartered Institute of Public Finance and Accountancy (CIPFA).

Responsible person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature)

In \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, on \_\_\_\_\_\_\_\_\_\_\_\_\_\_.