



PUBLIC ACCOUNTANTS' AND AUDITORS' BOARD

# FORM TR10A

## APPLICATION FOR SUSPENSION OF A TRAINING CONTRACT

**\*PLEASE NOTE:**

- In terms of Regulation 21.2 of the Training Regulations, the training officer must lodge the application for suspension 30 days before the commencement of the suspension.
- Regulation 21.6 of the Training Regulations specifies that immediately upon a trainee accountant's return to the training office after an approved suspension of a training contract, the training officer must notify the PAAB on the prescribed form (TR10B) of the exact period that the trainee accountant was absent from the training office.
- Regulation 21.5 of the Training Regulations states "By agreeing to suspend a training contract, the training officer acknowledges the training office's obligation to re-engage the trainee accountant when the period of suspension expires and the trainee accountant acknowledges his obligation to return to the training office when the period of suspension expires."
- Rule 21.7 of the Training Regulations states "the PAAB does not record suspensions for periods of absence of two months or less in total over the entire term of the training contract..."

**NOTE: ANY ALTERATIONS TO THIS FORM MUST BE SIGNED BY BOTH THE TRAINEE ACCOUNTANT AND THE TRAINING OFFICER**

**1 TRAINEE DETAILS** (must be completed by the trainee accountant)

PAAB NUMBER:

Title   First names<sup>1</sup>

Surname<sup>2</sup>

ID number

E-mail address  Cell No:

Postal address: \_\_\_\_\_

**2 TRAINING OFFICE DETAILS** (must be completed by the training officer)

Title   Initials  Surname

Training office name  Branch

<sup>1</sup> As indicated in the trainee's identification document.

<sup>2</sup> As indicated in the trainee's identification document.

Telephone no. ( )

Fax no. ( )

Training officer e-mail address

**3 REASON FOR THE SUSPENSION (please complete either A, B, or C below):**

**A. Full-time study - (attach a copy of the enrolment)**  
(Permitted suspension: **more than two months but less than 12 months**)

Name of University \_\_\_\_\_

Degree Course : \_\_\_\_\_

Period of suspension

FROM:	DD	MM	YY	TO:	DD	MM	YY
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**B. Maternity leave – (attach a medical certificate)**

Period of suspension

FROM:	DD	MM	YY	TO:	DD	MM	YY
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**C. Other: please specify**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Period of suspension

FROM:	DD	MM	YY	TO:	DD	MM	YY
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We, the undersigned hereby apply for suspension of the training contract, entered into between the training office and the trainee accountant.

We confirm that the information given in this application is, to the best of our knowledge, true and correct.

\_\_\_\_\_  
(Training officer signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Trainee accountant signature)

\_\_\_\_\_  
(Date)

## DOCUMENTS TO BE SUBMITTED

The document indicated below must be submitted to the PAAB together with this application.

**PLEASE NOTE THAT PAAB WILL NOT PROCESS ANY APPLICATIONS FOR SUSPENSION IF THE APPLICABLE DOCUMENTS ARE NOT ENCLOSED**

*Documents included (tick where appropriate)*

Documentary evidence from education institution of enrolment (if applicable) **OR**

Medical certificate confirming maternity leave

YES	NO