

# **Verification of Experience**

## **South African Institute of Chartered Accountants**

Candidates for the International Qualification Examination (IQEX) are required to have completed an additional 7 years of relevant post-qualification experience after obtaining the CA(SA) credential and being admitted to membership in the South African Institute of Chartered Accountants (SAICA). This experience may be verified by your direct supervisor. In addition to this form, attach a full detailed job description of the kind of work performed. The job description must be signed by your supervisor. If more than one page is needed for the job description, your supervisor must sign each page. If you were employed by more than one firm during this period, submit additional Verification of Experience forms and job descriptions.

Candidates who were self-employed or who cannot obtain a supervisor's verification of his or her experience will need to use NASBA's Experience Verification service in lieu of this form. For additional information regarding NASBA's Experience Verification service visit our web site at <https://nasba.org/products/experienceverification/>.

This Verification of Experience is valid for the IQEX only. After you pass the IQEX and are ready to apply for licensure as a Certified Public Accountant in the U.S., you will need to follow the licensure application process for the state to which you apply for licensure. This may include a new verification of experience.

### **Part 1 - To be completed by the candidate:**

1. Applicant's Name: \_\_\_\_\_ 2. Date of Birth: \_\_\_\_\_  
First Middle Last mm/dd/yyyy

I hereby request and authorize \_\_\_\_\_ to provide any and all pertinent  
Supervisor's Name (Print)  
information requested in this form to the National Association of State Boards of Accountancy (NASBA) to complete an application filed with that agency.

Firm Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Firm Address: \_\_\_\_\_

Dates of Employment in this position: From \_\_\_\_\_ to \_\_\_\_\_

Type of Experience:  Public Accounting  Industry  Government  Academia

I affirm that I have completed the required experience as outlined in the 2026 Mutual Recognition Agreement between in the South African Institute of Chartered Accountants and the U.S. International Qualifications Appraisal Board.

\_\_\_\_\_  
Applicant's Signature Date

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### **Part 2 – To be completed by the supervisor:**

By my signature below, I attest that I have reviewed, agreed and signed the attached job description(s), and to having direct knowledge of work performed by the applicant during the entire dates of employment stated above. I performed periodic reviews and evaluations of the applicant's work, while holding an active license to practice public accounting during the entire period of employment being verified.

I am a:

CA(SA) in good standing with SAICA Membership number: \_\_\_\_\_

licensed CPA in the U.S. Jurisdiction: \_\_\_\_\_ Certificate/License Number: \_\_\_\_\_

\_\_\_\_\_  
Direct Supervisor's Signature Date

RETURN THIS FORM TO:

NASBA – IQEX  
P.O. Box 198469  
Nashville, TN 37219-8469

FAX: 615-880-4266  
Email: [iqex@nasba.org](mailto:iqex@nasba.org)