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). In addition to this form, attach a full detailed job description of the type of work performed for each job entry. If you were employed by more than one firm to obtain your 7 years of relevant post-qualification experience, please complete the information for each employer.

Candidates who were self-employed or cannot obtain an employer'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 – Applicant Information:

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

SAICA Member Number _____

Part 2 –Relevant Post Qualification Work Experience:

1. Firm Name: _____ Phone Number: _____

HR Email Address: _____ Firm Address: _____

Dates of Employment in this position: From _____ to _____

Type of Experience: ☐ Public Accounting ☐ Industry ☐ Government ☐ Academia

In addition to this form, please attach a full detailed job description of the type of work performed while in this position.

2. Firm Name: _____ Phone Number: _____

HR Email Address: _____ Firm Address: _____

Dates of Employment in this position: From _____ to _____

Type of Experience: ☐ Public Accounting ☐ Industry ☐ Government ☐ Academia

In addition to this form, please attach a full detailed job description of the type of work performed while in this position.

3. Firm Name: _____ Phone Number: _____

HR Email Address: _____ Firm Address: _____

Dates of Employment in this position: From _____ to _____

Type of Experience: ☐ Public Accounting ☐ Industry ☐ Government ☐ Academia

In addition to this form, please attach a full detailed job description of the type of work performed while in this position.

4. Firm Name: _____ Phone Number: _____

HR Email Address: _____ Firm Address: _____

Dates of Employment in this position: From _____ to _____

Type of Experience: ☐ Public Accounting ☐ Industry ☐ Government ☐ Academia

In addition to this form, please attach a full detailed job description of the type of work performed while in this position.

5. Firm Name: _____ Phone Number: _____

HR Email Address: _____ Firm Address: _____

Dates of Employment in this position: From _____ to _____

Type of Experience: ☐ Public Accounting ☐ Industry ☐ Government ☐ Academia

In addition to this form, please attach a full detailed job description of the type of work performed while in this position.

6. Firm Name: _____ Phone Number: _____

HR Email Address: _____ Firm Address: _____

Dates of Employment in this position: From _____ to _____

Type of Experience: ☐ Public Accounting ☐ Industry ☐ Government ☐ Academia

In addition to this form, please attach a full detailed job description of the type of work performed while in this position.

7. Firm Name: _____ Phone Number: _____

HR Email Address: _____ Firm Address: _____

Dates of Employment in this position: From _____ to _____

Type of Experience: ☐ Public Accounting ☐ Industry ☐ Government ☐ Academia

In addition to this form, please attach a full detailed job description of the type of work performed while in this position.

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

RETURN THIS FORM TO:

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

FAX: 615-880-4266
Email: iqex@nasba.org