



Application for Audit Licence (Firm)

1. Firm Information

Firm's Name:		Registration No:	
Number of Partners: ___ Maldivian ___ Foreign			
Registered Address:			
House Name/Building Name:		Level:	Apartment No:
Street:	City/Atoll:	District/Island:	ZIP/Postal Code:
Mobile Phone:	Email:		
Correspondence Address (if different from above):			
House Name/Building Name:		Level:	Apartment No:
Street:	City/Atoll:	District/Island:	ZIP/Postal Code:
Mobile Phone:	Email:		

2. Information of Licensed Partner (If more than one Licensed partner use an additional sheet)

Title: Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/>			
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>			
Full Name:			
Common Name:			
CA Maldives License Number:		Expiry Date:	
Date of Birth:	ID/PP No:	Work Permit No:	
Email:		Phone:	
Nationality:			
Country of Residence:			
Permanent Address:			
House Name/Building Name:		Level:	Apartment No:

Street:	City/Atoll:	District/Island:
Current Address: (If different from permanent address)		
House Name/Building Name:	Level:	Apartment No:
Street:	City/Atoll:	District/Island:
Correspondence Address: (If different from current address)		
House Name/Building Name:	Level:	Apartment No:
Street:	City/Atoll:	District/Island:

3. Other:

Is your firm engaged in any line of business other than accounting, assurance and related services? Yes: No:

4. Declaration:

By submitting this form: We confirm that:	Yes	No
The firm has been registered under regulation no. 13/2011 (Partnership Regulation of the Maldives)		
The information given in this form is true, accurate and complete to the best of my knowledge and that we will provide any further information the CA Maldives may request;		
We understand that a false declaration on this form may lead to sanctions being taken against me and/or invalidate any decision related to this application		
At least one partner in the firm holds an Audit License issued by CA Maldives.		
At least one partner in the firm who is a Maldivian Citizen holds an Audit License issued by CA Maldives.		
50% of the staffs of the firm are Maldivian citizens		
We agree that:		
We will adhere with Statutory Institution of Chartered Accountant of the Maldives's Regulation		
We will adhere to the International Standards on Auditing and the IFAC Code of Conduct.		
We will adhere to the regulation on the provision of statutory audit and assurance services in the Maldives;		
We will adhere to all the relevant laws and regulations of the Maldives; and		
We will comply with the Chartered Accountants of Maldives Act, CA Maldives's Regulations and Code of Professional Conduct and Ethics		
We will supply to the CA Maldives all necessary information to enable it to comply with its obligations with respect to the requirements of the audit practice review;		
We will pay the all-relevant fees and understand that non-payment of sums due to CA Maldives may lead to removal from the register of members		
Name of the partner:	Signature of partner:	Date:

5. For Official Use:		
Received by:		
Designation:		
Signature:		Date:
Application:		
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected (Reason)		
Licence No:	Issue Date:	Expiry Date:

6. Checklist of documents to be submitted	
1. Copy of the partnership registration certificate	
2. Copy of partnership agreement	
3. Copy of Audit Licence Certificate of Partners (issued by CA Maldives)	
4. Copy of Audit Licence Certificate of Firm (issued by AGO)	
5. Memorandum of Association of partnership	
6. Summary of firm's infrastructure and resources (Human, IT and Other Physical resources to serve clientele)	
7. A summary of Audit process / Audit Manual	
8. ISQC1 Plan/Manual	
9. A summary of Human Resources of the Organization including: <ul style="list-style-type: none"> - No. of Technical & Support Staff - No. of local Technical & Support Staff - No. of Foreign Staff 	
10. An undertaking of the Partnership to meet or maintain local partner and local staff requirements	