

## Application for Audit Licence (Individual)

### 1. Applicant Information

Title: Mr  Ms  Dr

Gender: Male  Female

Full Name:

Common Name:

Date of Birth:

ID/PP No:

Phone:

Email:

Nationality:

Work Permit number (Foreign members):

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:

Are you an existing Licencee?

No

Yes

Licence Date \_\_\_/\_\_\_/\_\_\_\_\_

## 2. Professional Details

CA Maldives Membership Registration Number:

### Advance Audit and Assurance module or equivalent:

Passed examinations held or approved by CA Maldives: Yes  Date examinations passed: DD.../...MM.../...YY...

No

Public practice training program completed

Yes  Ending Date of Program: DD.../...MM.../...YY...

No

### Form of practice

As a Sole Practitioner

As a Firm: (Please state) .....

## 3. Experience in Audit Sector (for new applicants – minimum 2 years with 1 year in supervisory level)

Nature of Experience	Firm/Organization	Firm's Licence Number (if applicable)	Level of Experience	From	To
			Supervisory Level		

## 4. Experience in Accounting profession (for new applicants – minimum 5 years excluding entries in table 3)

Nature of Experience	Firm/Organization	Firm's Licence Number (if applicable)	Level of Experience	From	To

5. Declaration:			
<i>By submitting this form</i>		Yes	No
<i>I Confirm that:</i>			
The information given in this form is true, accurate and complete to the best of my knowledge and that I will provide any further information the CA Maldives may request;			
I 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			
I have provided details of all the firms/sole practitioner in which I gained the experience cited on this form;			
I have not suffered an insolvency event during the past 5 years;			
I have not been subject to any criminal conviction and/or caution in the last 2 years;			
I am not under any criminal investigation;			
There are no disciplinary actions taken against me by any professional body and/or regulator for the past 2 years;			
There are no disciplinary actions pending against me by any professional body and/or regulator;			
<i>I Agree that:</i>			
I will maintain a Professional Indemnity Insurance as per the regulation;			
I have and I will maintain my professional competence and I will comply with the Continuing Professional Development obligations as may be required by the CA Maldives;			
I will document, maintain and comply with quality assurance procedures and I will comply with all technical standards and guidelines applicable to my work;			
I 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;			
I will document, maintain and apply a complaint handling procedure;			
I will comply with the Chartered Accountants of Maldives Act, CA Maldives's Regulations and Code of Professional Conduct and Ethics			
I will comply with all the laws and regulations of the Maldives.			
I 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			
Signature of applicant:	Date:		

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

7. Checklist of documents to be submitted	Submitted with Form	Submitted at CA Maldives Portal
1. Copy of the NID or Passport		
2. Copy of the work permit (foreign nationals only)		
3. Applicant's professional detailed CV		
4. Police Clearance Form/Certificate		
5. Court Clearance Form		
6. A summary of Audit process / Audit Manual (if applying as a Sole Practitioner)		
7. ISQC1 Plan/Manual (if applying as a Sole Practitioner)		
8. Reference letter from firm (if intending to practice as a firm)		
9. Reference of experience (mentioned in Table 3 & 4 – new applicants)		
10. Transcript copy of Advanced Audit Assurance Examination		
11. Copy of Public Practice Training Certificate (Issued by CA Maldives)		
12. Copy of AGO Audit Licence Certificate (if an existing Licence holder)		

\*For further clarifications, please contact +960 9978985 or +960 7717389.

\*Please submit the completed application form and supporting documents to: [info@camaldives.org](mailto:info@camaldives.org)