

Guidance for Membership Application

Important Notes

Membership applications are accepted via the online portal at CA Maldives website. Before beginning, ensure that you have the following documents in the respective formats to complete the application smoothly;

- Soft copy of National ID (both sides): PDF format
- Soft copy of Passport Size picture: JPEG/PNG format
- Reference of past employment: PDF format
- Reference of Qualifications attained: PDF format
- Completed Police and Court Clearance form - scanned copy of the form provided by Department of Judicial Administration: PDF format (Police and Court Clearance form template is available to download at our website. <https://camaldives.org>)

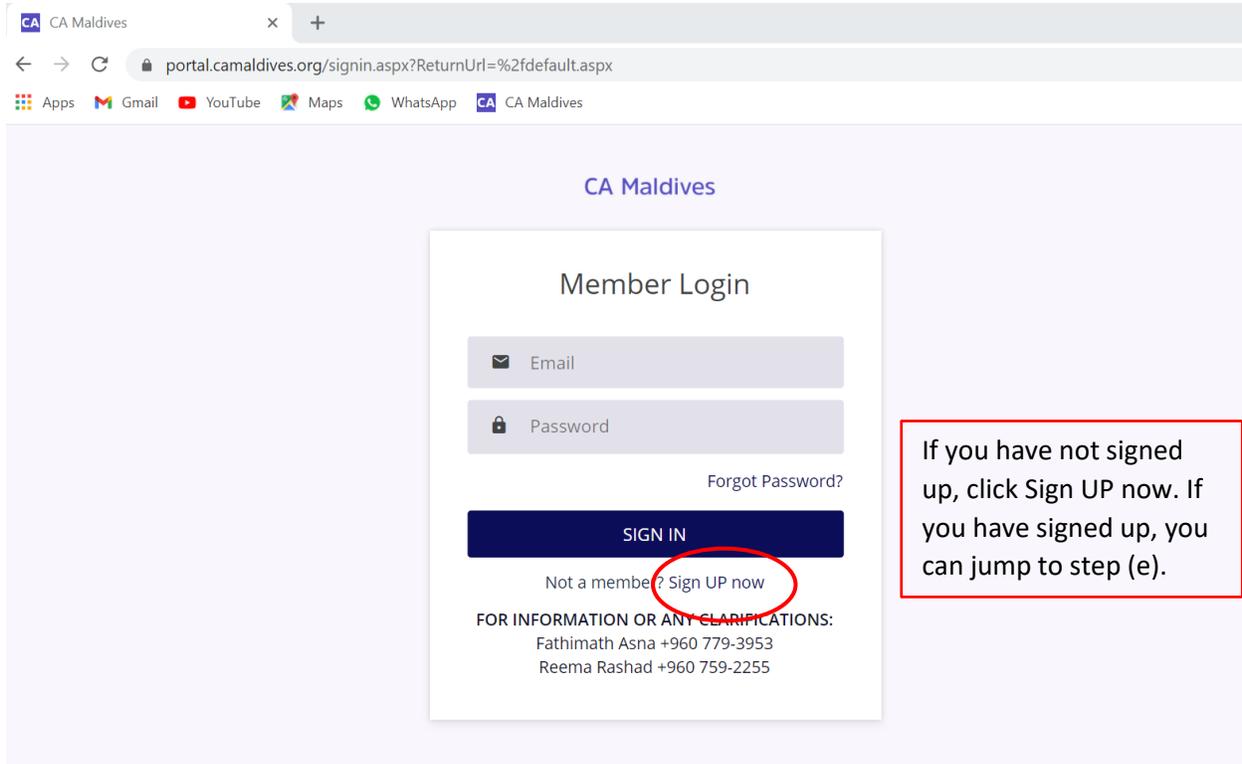
Step by step guidance for Membership Application

- Visit the website: www.camaldives.org



The screenshot shows the website's navigation menu. The 'MEMBERSHIP' dropdown menu is highlighted with a red circle. Below it, the 'MEMBERS AREA' section contains a 'Login' button, also highlighted with a red circle. A red-bordered box contains the text: 'Click Register to initiate the registration process'. The website header includes the CA logo and navigation links: 'THE INSTITUTE', 'MEMBERSHIP', 'PROFESSIONAL DEVELOPMENT', 'STANDARDS & REGULATIONS', and 'MEDIA'. The main menu categories are: 'REGISTERING & LICENSING', 'MEMBERSHIP BENEFITS AND SERVICES', 'FIND AN ACCOUNTANCY PROFESSIONAL', and 'MEMBERS AREA'. The 'REGISTERING & LICENSING' menu includes: Associates And Fellows, Recognition Of Overseas Bodies, Licence Requirements, Re-Admission, and FAQ. The 'MEMBERSHIP BENEFITS AND SERVICES' menu includes: Benefits And Services and Events And Activities. The 'FIND AN ACCOUNTANCY PROFESSIONAL' menu includes: Membership List, List Of Licenced Auditors, List Of Licenced Audit Firms, Maldives Accounting Professionals Directory, and a 'Login' button. The 'MEMBERS AREA' menu includes: 'Click Register to initiate the registration process'.

b. Logging in or Signing up



CA Maldives

portal.camaldives.org/signin.aspx?ReturnUrl=%2fdefault.aspx

Apps Gmail YouTube Maps WhatsApp CA Maldives

CA Maldives

Member Login

Email

Password

Forgot Password?

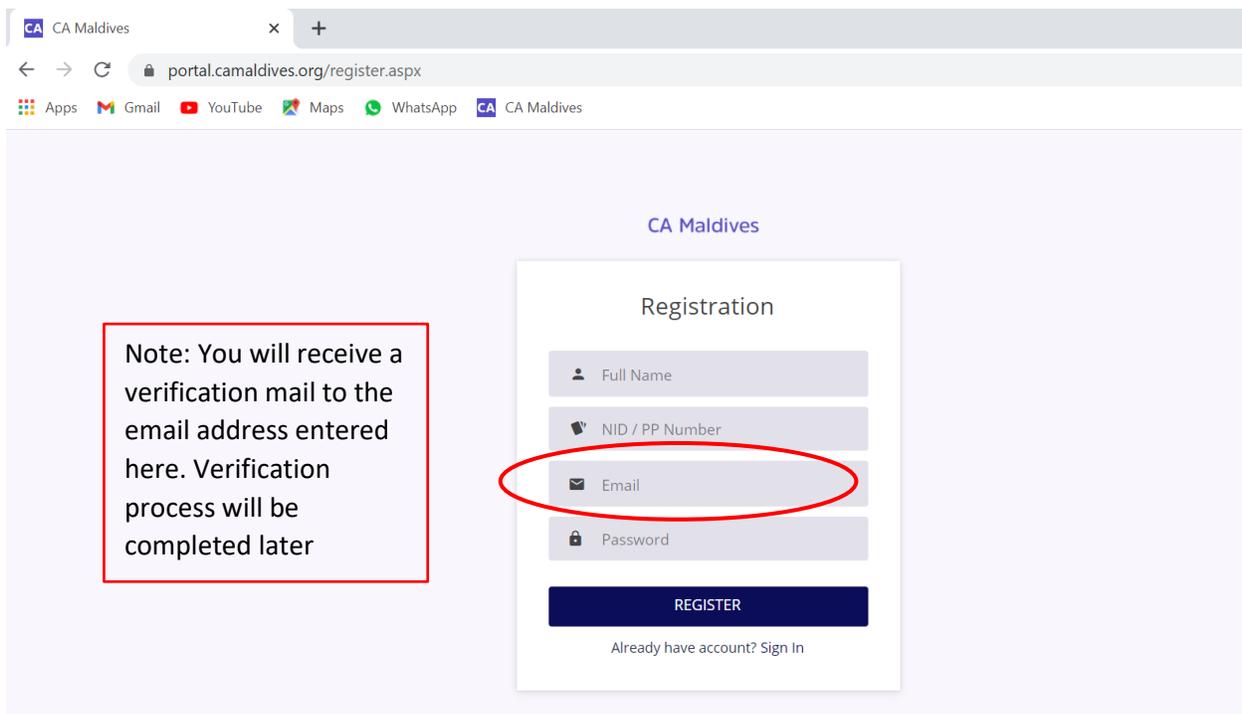
SIGN IN

Not a member? **Sign UP now**

FOR INFORMATION OR ANY CLARIFICATIONS:
Fathimath Asna +960 779-3953
Reema Rashad +960 759-2255

If you have not signed up, click Sign UP now. If you have signed up, you can jump to step (e).

c. Complete the slots to complete the sign-up process



CA Maldives

portal.camaldives.org/register.aspx

Apps Gmail YouTube Maps WhatsApp CA Maldives

CA Maldives

Registration

Full Name

NID / PP Number

Email

Password

REGISTER

Already have account? Sign In

Note: You will receive a verification mail to the email address entered here. Verification process will be completed later

d. Once you sign up, you are ready to log in

CA Maldives

Registration

Registrations successful

REGISTER

Already have account? [Sign In](#)

Click Sign in

e.

CA Maldives

Member Login

[Forgot Password?](#)

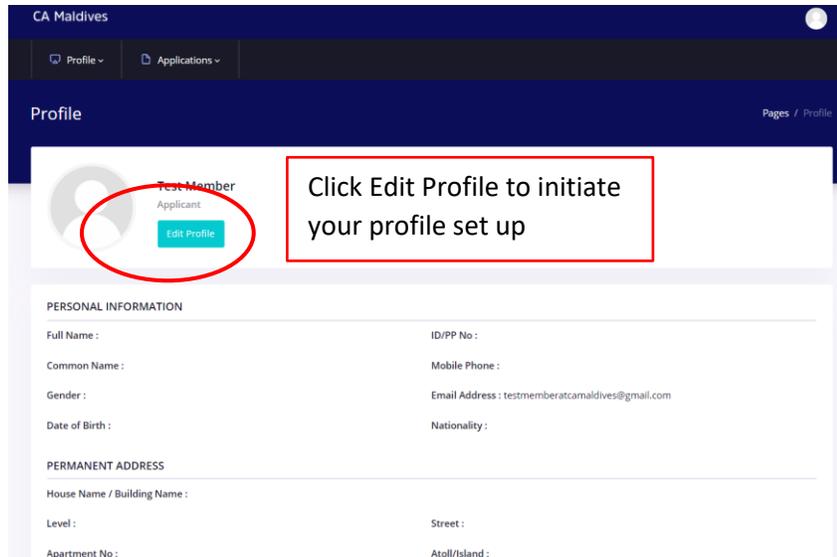
SIGN IN

[Not a member? Sign UP now](#)

FOR INFORMATION OR ANY CLARIFICATIONS:
Fathimath Asna +960 779-3953
Reema Rashad +960 759-2255

Enter the email address and password used to register during the sign-up process

f.



CA Maldives

Profile

Test Member
Applicant

[Edit Profile](#)

Click Edit Profile to initiate your profile set up

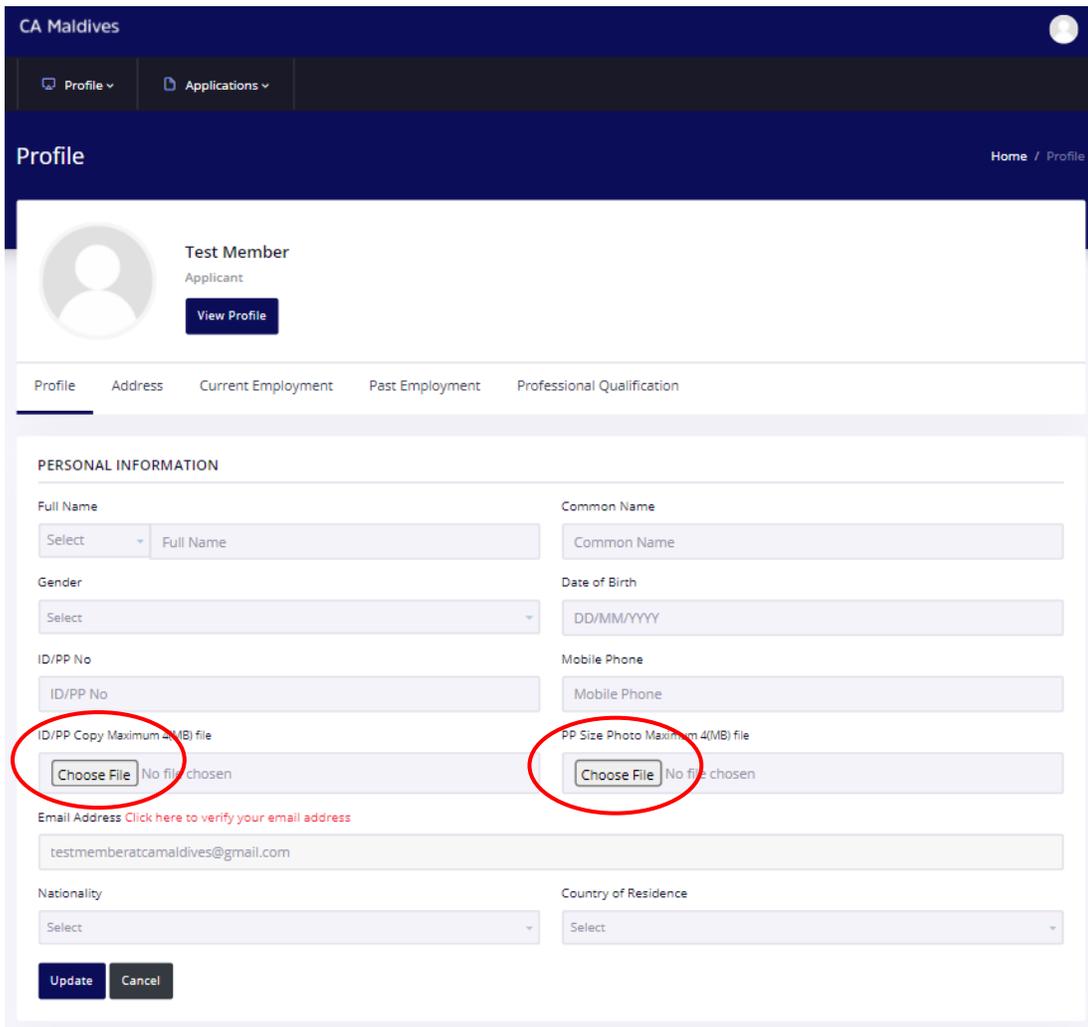
PERSONAL INFORMATION

Full Name : ID/PP No :
Common Name : Mobile Phone :
Gender : Email Address : testmemberatcamaldives@gmail.com
Date of Birth : Nationality :

PERMANENT ADDRESS

House Name / Building Name :
Level : Street :
Apartment No : Atoll/Island :

g.



CA Maldives

Profile

Test Member
Applicant

[View Profile](#)

Profile Address Current Employment Past Employment Professional Qualification

PERSONAL INFORMATION

Full Name
Select Full Name
Common Name
Common Name

Gender
Select
Date of Birth
DD/MM/YYYY

ID/PP No
ID/PP No
Mobile Phone
Mobile Phone

ID/PP Copy Maximum 4(MB) file
[Choose File](#) No file chosen
PP Size Photo Maximum 4(MB) file
[Choose File](#) No file chosen

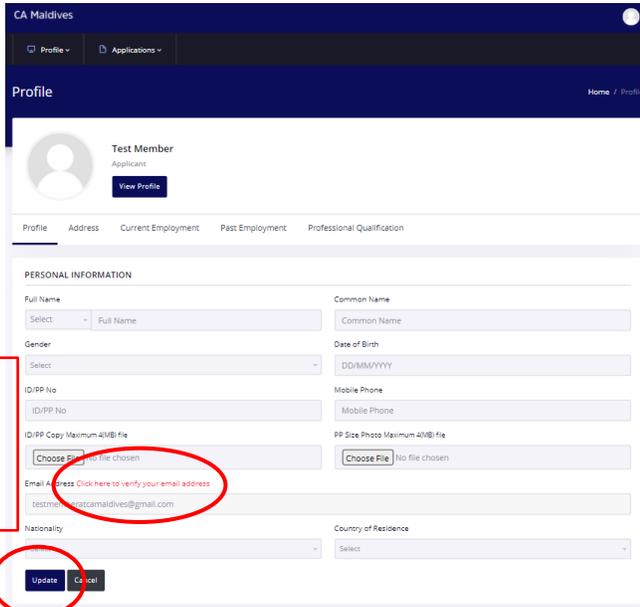
Email Address [Click here to verify your email address](#)
testmemberatcamaldives@gmail.com

Nationality
Select
Country of Residence
Select

[Update](#) [Cancel](#)

Make sure to upload the files in these boxes

h. Verification of email



CA Maldives

Profile

Test Member
Applicant
View Profile

Profile Address Current Employment Past Employment Professional Qualification

PERSONAL INFORMATION

Full Name: Select - Full Name
Common Name: Common Name
Gender: Select -
Date of Birth: DD/MM/YYYY
ID/PP No: ID/PP No
Mobile Phone: Mobile Phone
ID/PP Copy Maximum 4MB file: Choose File No file chosen
PP Size Photo Maximum 4MB file: Choose File No file chosen
Email Address: [Click here to verify your email address](#)
testmember@camaldives@gmail.com
Nationality: Select -
Country of Residence: Select -
Update Cancel

Click and follow the instructions to verify your email

After verification, click update

i. Check your email inbox

Request for email varification Inbox x



IT <it@camaldives.org>
to me

9:06 AM (7 minutes ago)



CA Maldives Portal

CA Maldives Portal

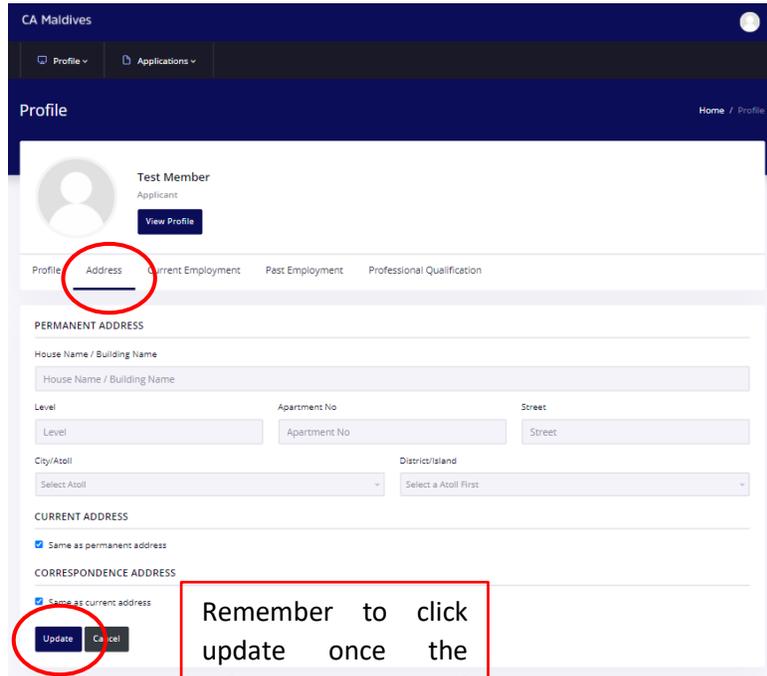
Click [this here](#) to verify for email address.

Greeting
CA Maldives

Click and follow the instructions to verify your email

j.

Once you are done with the first tab, click on the adjacent tab to proceed



CA Maldives

Profile

Test Member
Applicant
View Profile

Profile Address Current Employment Past Employment Professional Qualification

PERMANENT ADDRESS

House Name / Building Name
House Name / Building Name

Level Apartment No Street
Level Apartment No Street

City/Atoll District/Island
Select Atoll Select a Atoll First

CURRENT ADDRESS

Same as permanent address

CORRESPONDENCE ADDRESS

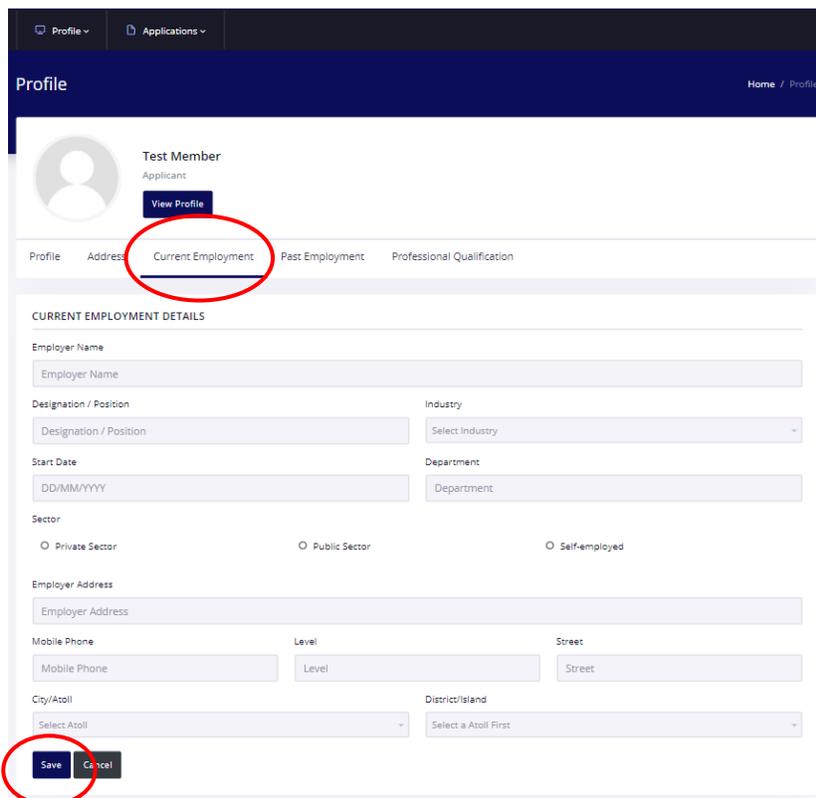
Same as current address

Update Cancel

Remember to click update once the information is entered

k.

Once you are done with the previous tab, click on the adjacent tab to proceed



CA Maldives

Profile

Test Member
Applicant
View Profile

Profile Address Current Employment Past Employment Professional Qualification

CURRENT EMPLOYMENT DETAILS

Employer Name
Employer Name

Designation / Position Industry
Designation / Position Select Industry

Start Date Department
DD/MM/YYYY Department

Sector
 Private Sector Public Sector Self-employed

Employer Address
Employer Address

Mobile Phone Level Street
Mobile Phone Level Street

City/Atoll District/Island
Select Atoll Select a Atoll First

Save Cancel

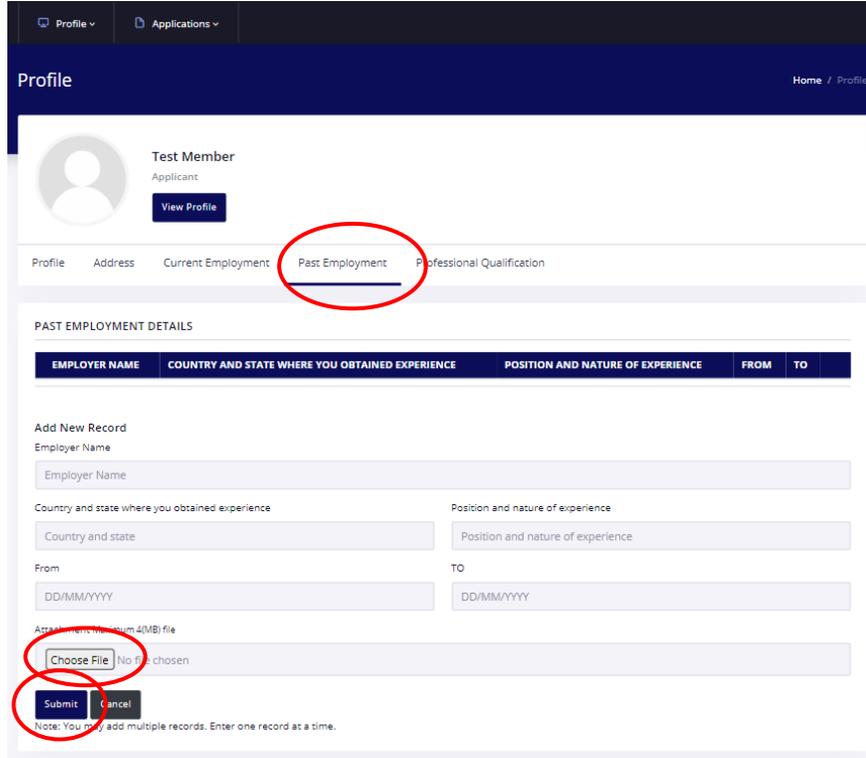
Remember to click save once the information is entered

l.

Once you are done with the previous tab, click on the adjacent tab to proceed

Make sure to upload the file in this box

Remember to click submit once the information is entered



Profile Applications

Profile Home / Profile

Test Member
Applicant
View Profile

Profile Address Current Employment **Past Employment** Professional Qualification

PAST EMPLOYMENT DETAILS

EMPLOYER NAME	COUNTRY AND STATE WHERE YOU OBTAINED EXPERIENCE	POSITION AND NATURE OF EXPERIENCE	FROM	TO
---------------	---	-----------------------------------	------	----

Add New Record

Employer Name
Employer Name

Country and state where you obtained experience
Country and state

Position and nature of experience
Position and nature of experience

From
DD/MM/YYYY

TO
DD/MM/YYYY

Attachment (Maximum 4MB) file
Choose File No file chosen

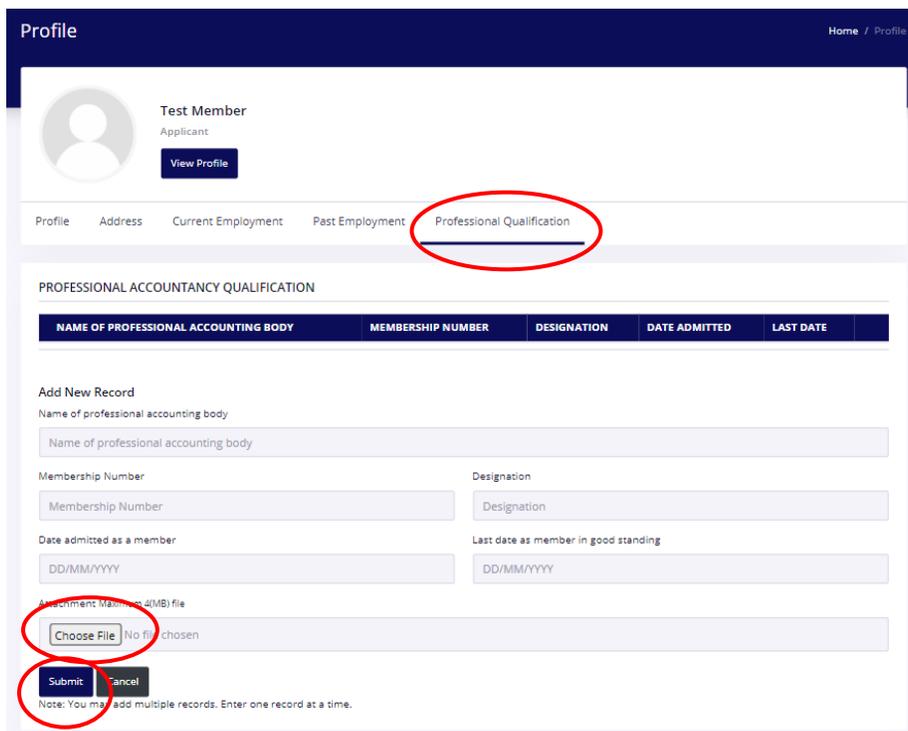
Submit Cancel

Note: You may add multiple records. Enter one record at a time.

m.

Make sure to upload the file in this box

Remember to click submit once the information is entered



Profile Applications

Profile Home / Profile

Test Member
Applicant
View Profile

Profile Address Current Employment Past Employment **Professional Qualification**

PROFESSIONAL ACCOUNTANCY QUALIFICATION

NAME OF PROFESSIONAL ACCOUNTING BODY	MEMBERSHIP NUMBER	DESIGNATION	DATE ADMITTED	LAST DATE
--------------------------------------	-------------------	-------------	---------------	-----------

Add New Record

Name of professional accounting body
Name of professional accounting body

Membership Number
Membership Number

Designation
Designation

Date admitted as a member
DD/MM/YYYY

Last date as member in good standing
DD/MM/YYYY

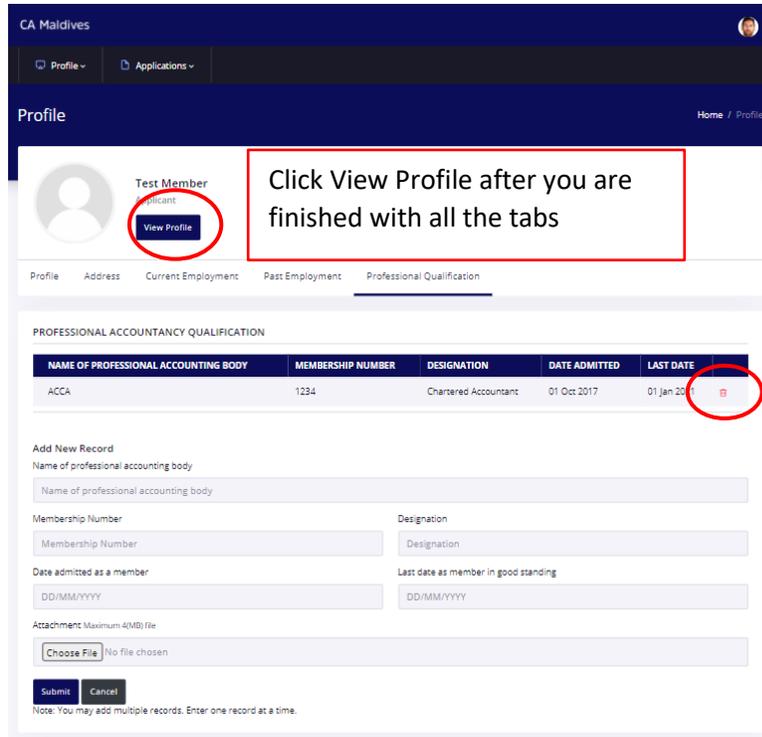
Attachment (Maximum 4MB) file
Choose File No file chosen

Submit Cancel

Note: You may add multiple records. Enter one record at a time.

Once you are done with the previous tab, click on the adjacent tab to proceed

n.



CA Maldives

Profile

Test Member Applicant

Click View Profile after you are finished with all the tabs

View Profile

Profile Address Current Employment Past Employment Professional Qualification

PROFESSIONAL ACCOUNTANCY QUALIFICATION

NAME OF PROFESSIONAL ACCOUNTING BODY	MEMBERSHIP NUMBER	DESIGNATION	DATE ADMITTED	LAST DATE
ACCA	1234	Chartered Accountant	01 Oct 2017	01 Jan 2018

Add New Record

Name of professional accounting body

Membership Number

Designation

Date admitted as a member

Last date as member in good standing

Attachment Maximum 4(MB) file

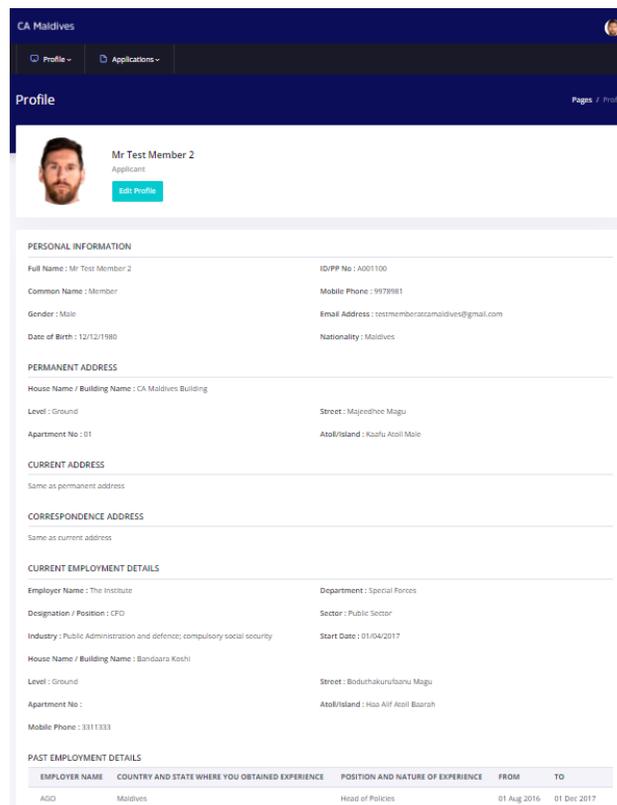
Choose File No file chosen

Submit Cancel

Note: You may add multiple records. Enter one record at a time.

You can add/delete multiple qualifications. Ensure that you have the pdf files of the certifications to successfully add them your profile. Remember to click submit to add.

o.



CA Maldives

Profile

Mr Test Member 2 Applicant

Edit Profile

PERSONAL INFORMATION

Full Name : Mr Test Member 2 ID/PP No : A001100

Common Name : Member Mobile Phone : 9978981

Gender : Male Email Address : testmemberatcaimaldives@gmail.com

Date of Birth : 12/12/1980 Nationality : Maldives

PERMANENT ADDRESS

House Name / Building Name : CA Maldives Building

Level : Ground Street : Majeedhee Magu

Apartment No : 01 Atoll/Island : Kaafu Atoll Male

CURRENT ADDRESS

Same as permanent address

CORRESPONDENCE ADDRESS

Same as current address

CURRENT EMPLOYMENT DETAILS

Employer Name : The Institute Department : Special Forces

Designation / Position : CFD Sector : Public Sector

Industry : Public Administration and defense; compulsory social security Start Date : 01/04/2017

House Name / Building Name : Bandaara Koshi

Level : Ground Street : Boduthakurufaanu Magu

Apartment No : Atoll/Island : Haa Alif Atoll Bazaar

Mobile Phone : 8311333

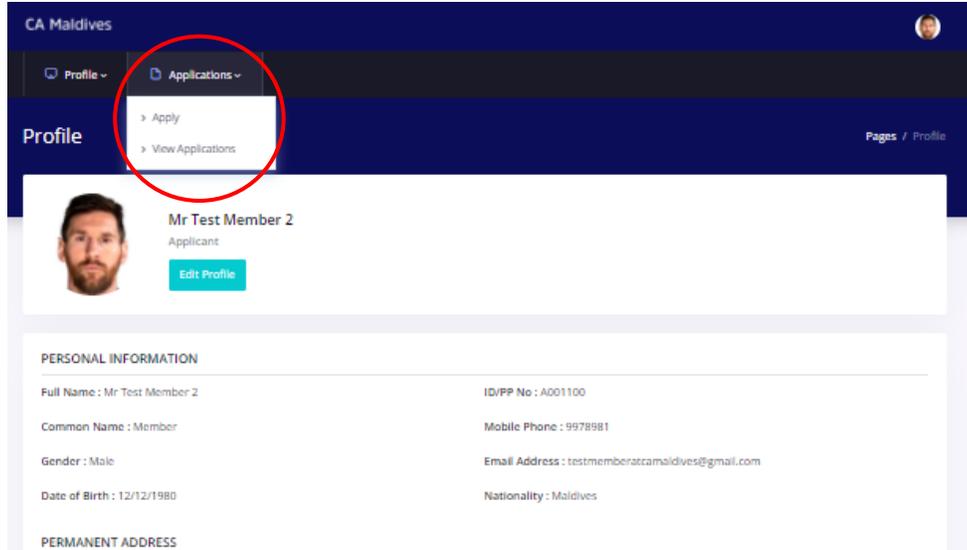
PAST EMPLOYMENT DETAILS

EMPLOYER NAME	COUNTRY AND STATE WHERE YOU OBTAINED EXPERIENCE	POSITION AND NATURE OF EXPERIENCE	FROM	TO
AGD	Maldives	Head of Policies	01 Aug 2016	01 Dec 2017

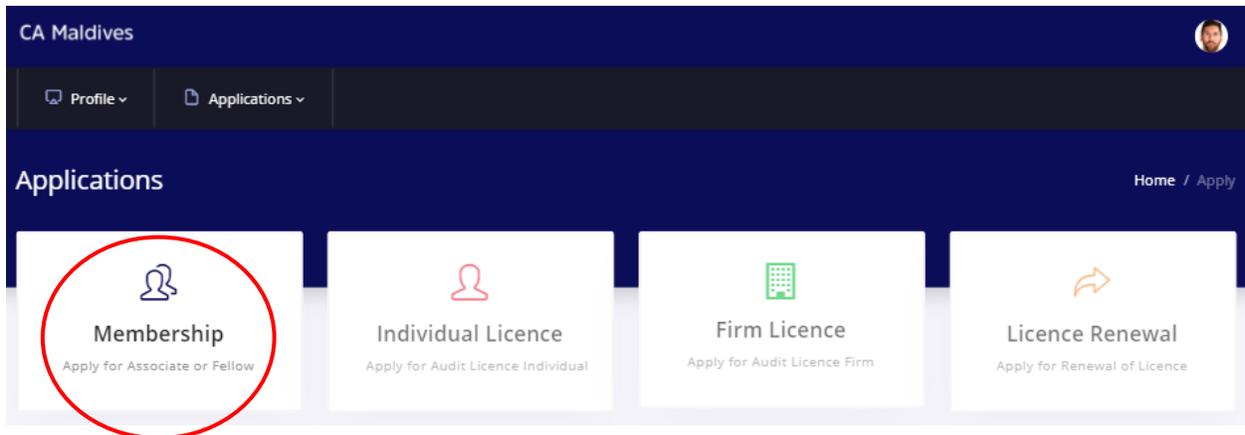
Check for any errors, and click edit profile if you wish to edit

p.

Once your profile is complete, click the Application tab and Click 'Apply'



q.



You will be first required to register as a member before applying for an Audit Licence. Click on the membership tab to proceed

Choose the membership type you wish to apply. (See criteria for membership in the membership regulation at the website)

Read the Declarations and select the answers

Tick the boxes before clicking Submit.

CA Maldives

Profile Applications

Applications

Home / Apply

Application for Membership

Category Applied for

Associate Member Fellow Member

Police and Court Clearance Form (Maximum 4MB) file

No file chosen

Upload the scanned copy of the Police and Court Clearance form.

DECLARATION

I understand while I am a member of CA Maldives I will promptly notify CA Maldives in writing about any event which may lead to any disciplinary action by CA Maldives; YES NO

I agree to comply with the chartered Accountants of Maldives Act, CA Maldives's Regulations and Code of Professional Conduct and Ethics; YES NO

I have not been subject to any criminal conviction and/or caution in the last two years YES NO

I am not under any criminal investigation; YES NO

There are no pending disciplinary actions against me by any professional body and/or regulator; YES NO

I agree to comply with all the laws and regulations of the Maldives. YES NO

I acknowledge my duty to the public to ensure that the quality of my knowledge and service is maintained after qualification. I therefore accept my responsibility to undertake adequate continuing professional development as directed by the Council and specified in the CA Maldives's Membership Regulation. YES NO

I agree to pay the membership admission fee and understand that I will be invoiced for the amount on successful admission to CA Maldives membership. I understand that non-payment of sums due to CA Maldives may lead to removal from the register of members YES NO

I confirm and declare I have included everything CA Maldives needs to know, and there is nothing else I should bring to CA Maldives's attention at the present time; YES NO

I further undertake that I will only use the designation 'Chartered Accountant' and the designator letters 'ACA' (or 'FCA' when I become a Fellow Member) only while I remain a member of CA Maldives YES NO

I certify that the information provided on this form is valid and accurate. YES NO

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; YES NO

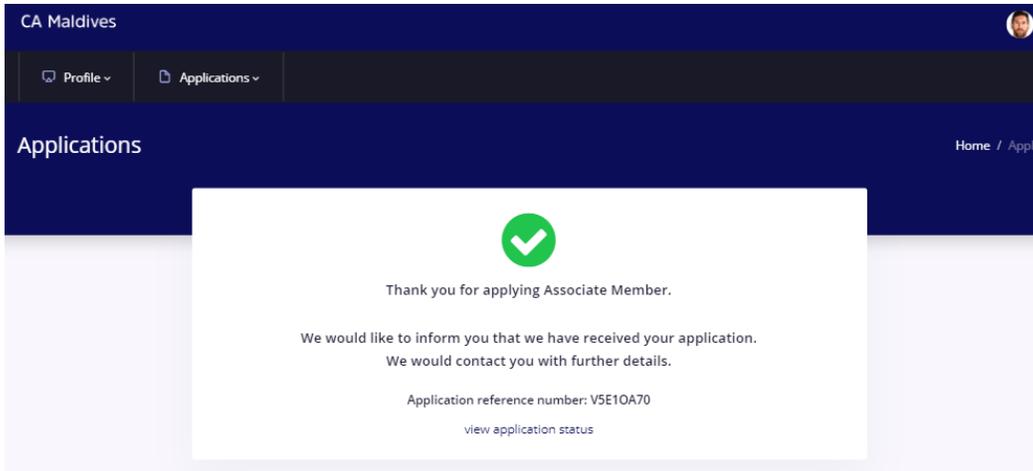
I understand that a false declaration on this form may lead to sanctions being taken against me and/or invalidate any decision related to this application; YES NO

Checklist of documents to be submitted

- 1. Completed application form
- 2. Copy of the NID or Passport (foreign nationals)
- 3. Copy of professional qualifications
- 4. Copy of membership certificate issued by the professional accountancy bodies
- 5. Copy of Practising Certificate issued by the professional accountancy bodies (foreigners)
- 6. Completed Police Clearance Form

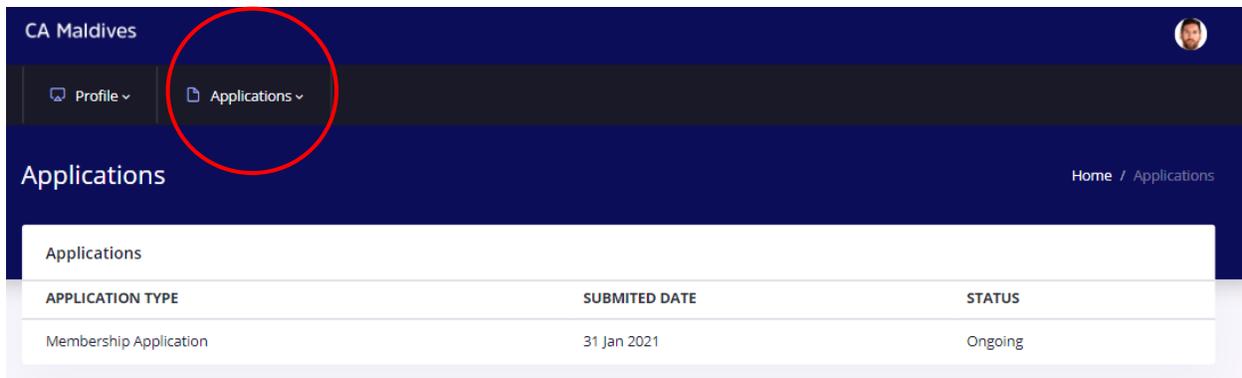
s.

You will receive a notification as well as an email once the application is submitted successfully.



t.

You can view your application status after clicking this tab



You have successfully applied for the membership. Once the membership is approved you can apply for the Audit licensing through the portal.