

Guidance for Registration of Accountants in Business

This regulation is made pursuant to the authority granted to Institute of Chartered Accountants of the Maldives by the Maldives Chartered Accountants Act 2020 (Law no. 13/2020)

Step 1 – Login to CA Maldives website

Click Membership – Registration of Accountants in Business



Step 2 - Checking if the employer has been registered

First, ensure that the employer is registered.

	Accountants in Business	5	
Registering Accountants in Bus	siness		
"Pursuant to Section 11 of the Chartered Accounta Regulation for Registration of Accountants in Busin Institute."	nts' Act 13/2020, a person shall only work as an accountant in bu ess published by CA Maldives requires all Accountants working i	usiness in the Maldives after registering with the Institute. In the Private Sector of Maldives to register with the	
Proceed to Regi New Employe	ster	Proceed to Register New Accountant	
the employer has ot been registered	To check if the e accountants	employer has been registered or to re under a registered employer, click he	gister re
yet, click here to			
register employer	A	accountants in Business - Employer	
	Registration of Employer und	der the Regulation for Registering Accountants in Business	
	FIND EMPLOYER		
	Name of Entity *	Registration No *	



Step 3 – Registration of Employer

Fill out the information of organization

CAN INSTITUTE OF CHARTERED ACCOUNTANTS OF THE MALDIVES										
Accountants in Business - Employer										
Registration of Emp	oloyer under the Regulat	ion for Registering Ac	countants in Business							
INFORMATION OF ENTITY										
Name of Entity *		Registration No *								
Name of Entity		Registration No.								
Mobile Phone *		Email Address *								
Mobile Phone		Email Address	All email communication to employe	r will						
Calssification * 〇 Sole Proprietorship 〇 Part	nership 🔿 Company 🔿 Other		be sent to the email entered in this	box						
Registered Address										
House Name/Building Name		Level	Apartment No:							
House Name		Level	Apartment No							
Street Name	City/Atoll	District/Island	Zip/Postal Code							
Street Name	City/Atoll	District/Island	Zip/Postal Code							

Fill out the information of organization

Accountants in Business - Employer								
INFORMATION OF MANAGING DIRECTOR / PA	RTNER OR SP OWNER							
Title *	Gender *							
○ Mr. ○ Ms. ○ Dr.	O Male O Female							
Full Name *								
Full Name								
ID/PP No	Work Permit No (Foreigners)							
ID/PP No.	Work Permit No							
Mobile Phone *	Email Address *							
Mobile Phone	Email Address							
Nationality	Residence							
Select	v Select							
Current Address								
Current Address								

Read the Declarations and click 'Yes' before clicking 'Submit Application"

By submitting t	g this form:	
We confirm tha	hat:	
The entity is reg	egistered at the Ministry of Economic Development; and	
The information request; and	on given in this form is true, accurate and complete to the best of my knowledge and t hat we will provide any further informat	ion the CA Maldives may
We understand	nd that a false declaration on this form may lead to sanctions being taken against me and/or invalidate any decision related to t	his application
We agree that:	t	
We will adhere v	e with the Maldives Chartered Accountants' Act;	
We will adhere t	e to all relevant laws and regulations of the Maldives; and	
We will supply to	y to the CA Maldives all necessary information to enable it to comply with its obligations.	
○ Yes ○ No	Before submitting, you are required to read and agree to the term and conditions above	
Submit Applic	lication Clear Form	

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Registration of employer has been completed. An email will be sent by the portal to the organization's email address regarding the confirmation of registration of employer.



Option 1 – Registration of Individual Accountant(s)

Fill out the form of information of Accountant

INSTITUTE OF CHARTERED ACCOUNTANTS OF THE MALDIVES			
	Accountants	in Business - Account	ants
egistration of Acc	countant under the Regu	lation for Registering Accou	ntants in Business
INFORMATION OF ACCO	UNTANT		
Full Name *		NID Number / PP Number *	Date of Birth *
Full Name		ID No. / PP No.	DD/MM/YYYY
Nationality *		Work Permit No *	
Select		✓ Work Permit No	
Mobile Phone *		Email Address *	amail communication to accountant wil
Mobile Phone		Email Address	
		b	e sent to the email entered in this box
Registered Address House Name/Building Name		Level	Apartment No:
House Name		Level	Apartment No
Street Name	City/Atoll	District/Island	Zip/Postal Code
Street Name	City/Atoll	District/Island	Zip/Postal Code



Information of Employer will be auto-filled by the portal

Accountants in Bu	siness - Accountants
INFORMATION OF EMPLOYER	
Employer Name	Registration Number
Test 11	Test1-22
Mobile Phone	Email Address
7505197	info@camaldives.org
EMPLOYMENT DETAILS	
Job Title *	Date of Join *
asdadad	01/04/2021
Gross Salary *	
More than MVR 45,000	*
Reporting Officer Name	
adadass	
Reporting Officer Title	Reporting Officer Mobile Phone

Qualification section is not mandatory. You may opt to fill this section

NAME OF QUALIFICATION	LEVEL OF QUALIFICATION	INSTITUTION	YEAR	
adad	asdasd	asdsad	asdasdas	add
COUNTING TRAININGS / PROGE	XAMS			
COUNTING TRAININGS / PROGF	RAMS		YEAR	

Read the declaration and click 'Yes' before clicking 'Submit Application'

DECLARATION		
By submitting this	s form:	
We confirm that:		
The entity is registe	tered at the Ministry of Economic Development; and	
The information gir request; and	iven in this form is true, accurate and complete to the best of my knowledge and t hat we will provide any further information the CA Mald	lives may
We understand that	at a false declaration on this form may lead to sanctions being taken against me and/or invalidate any decision related to this application	
We agree that:		
We will adhere wit	th the Maldives Chartered Accountants' Act;	
We will adhere to a	all relevant laws and regulations of the Maldives; and	
We will supply to the	the CA Maldives all necessary information to enable it to comply with its obligations.	
○ Yes ○ No	Before submitting, you are required to read and agree to the term and conditions above	
Submit Applicatio	on Clear Form	

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Accountant has now been registered. An email would be sent by CA Maldives portal to the accountant's email. You may repeat the step to register an additional accountant by the same method or choose option 2 to register multiple accountants.

	Accountants in Bus	iness - Accountants
Registration of A	ccountant under the Regulation fo	or Registering Accountants in Business
	Thank you for Registering We would like to inform you that We would contact yo Application reference go back to CAM	g Accountants in Business. we have received your application. u with further details. ce number: F3KL24K3 Maldives website
	Register Individual Accountants Registration of Accountant by filling form. "(Suggested for organizations that are registering less than five accountants)"	Register Multiple Accountants Registration of Accountant by uploading excel file. "(Suggested for organizations that are registering more than five accountants)"
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Option 2 – Registration of Multiple Accountants

Download the excel template file from the portal

INSTITUTE OF CHARTEBED COCUMITANTS OF THE MALDIVES		
Account	tants in Business - A	ccountants
Registration of Accountant under th	ne Regulation for Registerir	ng Accountants in Business
INFORMATION OF EMPLOYER		
Employer Name		Registration Number
Test 11		Test1-22
Mobile Phone	Email Address	
7505197	info@camaldiv	es.org
MULTI ACCOUNTANTS UPLOAD		
Attache Document Maximun 4(MB) file AlB Accountant Temp	late	
Choose File No file chosen		
	Click here to dov	vnload the template file



Fill the excel file with information of accountants in your organization.

Personal information, Employment details are mandatory to be filled. Section for Qualification Details are an option to fill out. Ensure to write the correct details for each section

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No	Full Name of Ar	countant	Nationality	Perso ID / Passnort	Work Perm	ition htt (Foreigners Only)	Contact number	Email Address	Emple Ioh Title	yment Details	Gross Salary	Qualification Name	Qualification MNOF Level	Details Institution	Obtained Year				[
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Accountants have now been registered. CA Maldives portal will send an email of confirmation of receiving the application. CA Maldives admin team will contact for further details if needed.

