

Application for Audit Licence Renewal (Individual)

1. Applicant Information		
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:		
ID/PP No:	Date of Birth:	
Email:	Phone:	
Nationality:	Country of Residence:	
CA Maldives License Number:	Expiry Date:	
Representing Firm <i>(if a licensed partner)</i> :		
Registered Sole Proprietorship <i>(if an individual issued under SP)</i> :	Sole Proprietorship Number:	
Permanent Address:		
House Name/Building Name:	Level:	Apartment No:
Street:	City/Atoll:	District/Island:
Current Address: <i>(If different from permanent address)</i>		
House Name/Building Name:	Level:	Apartment No:
Street:	City/Atoll:	District/Island:
Correspondence Address: <i>(If different from current address)</i>		
House Name/Building Name:	Level:	Apartment No:
Street:	City/Atoll:	District/Island:

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 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:	

5. For Official Use:		
Received by:		
Designation:		
Signature:		Date:
Renewal Fee (MVR 3000):		
Invoice raised: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Application:		
<input type="checkbox"/> Accepted		
<input type="checkbox"/> Rejected (Reason)		
Licence No:	Issue Date:	Expiry Date:

Except for Police & Court Clearance please submit the remaining documents if there has been any change since your previous application.

7. Checklist of documents to be submitted	Submitted with Form	Submitted at CA Maldives Portal
1. Copy of the NID or Passport		
2. Police Clearance Form/Certificate		
3. Court Clearance Form		
4. A summary of Audit process / Audit Manual (if practicing as a Sole Practitioner)		
7. ISQM1 Plan/Manual (if practicing as a Sole Practitioner)		

Notes:

Upon receipt of the application form, CA Maldives will raise an invoice for the Audit License Application Fee, amounting to MVR 3,000. Please note that the application will only be processed upon the successful payment of the mentioned fee.

You may upload the supporting documents to CA Maldives Portal and tick above and submit the completed application to: info@camaldives.org