

Application for Public Interest Entity Auditor

1. Firm Information

Firm's Name:

Firm Audit Licence No:

2. Information of Engagement Partner(s)

Information of Engagement Partner 01

Title: Mr. Ms. Dr.

Full Name:

CA Maldives License Number (individual):

Type of employment: Part time Full Time

Are you responsible for the Quality Management system of the firm? Yes No

Information of Engagement Partner 02

Title: Mr. Ms. Dr.

Full Name:

CA Maldives License Number (individual):

Type of employment: Part time Full Time

Are you responsible for the Quality Management system of the firm? Yes No

3. Information of Engagement Quality Reviewer

Engagement Quality Reviewer- 01

Title: Mr. Ms. Dr.

Gender: Male Female

Full Name:

Common Name:

CA Maldives License Number (if applicable):

ID/PP No:

Date of Birth:

Phone:

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:	

Engagement Quality Reviewer- 02			
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 (if applicable):		ID/PP No:	
Date of Birth:	Phone:	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:	

4. Information of Person responsible for Quality Management System (if different from Engagement Partner)

Title: Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/>
Full Name:
CA Maldives License Number:
Type of employment: <input type="checkbox"/> Part time <input type="checkbox"/> Full Time

5. Declaration on Compliance with Code of Ethics by Engagement Quality Reviewer

I, (name of the EQR member) have been assigned as an EQR for audits conducted by (name of the entity) for financial period ending _____. I undertake to comply with the Code of Ethics of (Name of Professional Accountancy body).
Name of the Engagement Quality Reviewer:
Date:
Signature:

6. Declaration

By submitting this form:

We confirm that the information provided above is true and if any false or misleading information is provided CA Maldives shall take disciplinary action in accordance with the applicable Legislations.

Name of the Engagement Partner:
Date:

Signature:

Name of the Engagement Partner:
Date:

Signature:

Name of the EQR:
Date:

Signature:

Name of the EQR:
Date:

Signature:

Name of Person responsible for Quality Management System:
Date:

Signature:

7. For Official Use:

Received by:

Designation:

Signature:

Date:

Application: Accepted Rejected

Registration No:

Issue Date:

Expiry Date:

8. Checklist of documents to be submitted

1. CV of Engagement Quality Reviewer(s) An annex of List of Engagements with financial years & calendar years in which they were carried out by Engagement Quality Reviewer	
2. Proof of identity of Engagement Quality Reviewer	
3. Letter/ Certificate of Good Standing of Engagement Quality Reviewer(s) (Not required for CA members)	
4. List of full time audit staff (including assurance partners) - Maldivian Staff- Pension Registration number Expatriate Staff- work permit details)	