

## COMPLIANCE REPORT – LICENSED AUDITORS

<b>Name:</b>	
<b>Audit License Number:</b>	
<b>Firm/ SP Registration Number:</b>	
<b>Address:</b>	
<b>Year:</b>	
<b>AML Officer: (if designated in the firm)</b>	

### 1. INTRODUCTION

This report is submitted pursuant to Section 15(b) of the Regulation for Statutory Audit and Assurance Services in the Maldives (Regulation No. 2021/R-3) (the “**Regulation**”).

It is important that the compliance report is completed accurately as this information enables the Institute to understand and collate information about the structure and profile of practices, as well as helping to select and plan Quality Assurance Reviews.

### 2. OWNERSHIP DETAILS

#### DETAILS OF PARTNERS AND THEIR HOLDING

Have there been any changes to the ownership during the year?  Yes  No

*Please provide below details notwithstanding any changes to the ownership (both equity and salaried partners shall be included).*

Name of Partner	License Number / ID number <sup>Note 1</sup>	Share (%)	Date from (DD/MM/YYYY)	Date to <sup>Note 2</sup>

**Note 1:** Provide License number for licensed partners. State 'N/A' in Share (%) column for salaried partners.

**Note 2:** Include any partners resigned during the year, state 'present' for other partners.

### 3. QUALITY MANAGEMENT IN THE FIRM/ PRACTICE

#### EVALUATION OF THE SYSTEM OF QUALITY MANAGEMENT

Have you evaluated the firm's system of quality management during the year?  Yes  No

If 'Yes', based on the evaluation what was the conclusion reached? *Please check as appropriate below.*

- The system of quality management provides the firm with reasonable assurance that the objectives of the system of quality management are being achieved.
- Except for matters related to identified deficiencies that have a severe but not pervasive effect on the design, implementation and operation of the system of quality management, the system of quality management provides the firm with reasonable assurance that the objectives of the system of quality management are being achieved.
- The system of quality management does not provide the firm with reasonable assurance that the objectives of the system of quality management are being achieved.

If 'No', please state the reason.

#### WE COMPLY WITH THE FOLLOWING REQUIREMENTS OF ISQM1:

Yes	No	Elements of ISQM1	If 'No', specify the reason
<input type="checkbox"/>	<input type="checkbox"/>	The firm's risk assessment process	
<input type="checkbox"/>	<input type="checkbox"/>	Governance and Leadership	
<input type="checkbox"/>	<input type="checkbox"/>	Relevant Ethical Requirements	
<input type="checkbox"/>	<input type="checkbox"/>	Acceptance and continuance of client relationships and specific engagements	
<input type="checkbox"/>	<input type="checkbox"/>	Engagement performance	
<input type="checkbox"/>	<input type="checkbox"/>	Resources	
<input type="checkbox"/>	<input type="checkbox"/>	Information and communication	
<input type="checkbox"/>	<input type="checkbox"/>	Monitoring and remediation process	

**COMMENTS:**

Non-compliance

Reason(s) for non-compliance

Future plan for compliance

#### 4. APPLICABLE LAWS, REGULATIONS AND STANDARDS

HAS YOUR PRACTICE COMPLIED WITH THE FOLLOWING APPLICABLE LAWS, REGULATIONS, AND STANDARDS?

LAWS/ REGULATIONS/ STANDARDS	Y	N	N/A
The Maldives Chartered Accountants Act (Law No. 13/2020)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regulation on Statutory Audit and Assurance Services in Maldives (Reg. No. 2021/R-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regulation for Registration of Public Interest Entity Auditor (Reg No. 2021/R-153)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicable Tax Legislations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partnership Act (Law No. 13/2011)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Companies Act (Law No. 10/96)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sole Proprietorship Act (Law No. 19/2014)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pronouncements of International Auditing Standards and Assurance Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
International Code of Ethics for Professional Accountants (including International Independence Standards) issued by International Ethics Standards Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of Money Laundering and Financing of Terrorism Act (Law No. 10/2014)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regulation On the Audit and Accountability of State-Owned Enterprises (Reg No. 2021/R-152) (if you are a registered PIE auditor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Is your firm in compliance with the requirements in Section 7 of *Regulation on the Audit and Accountability of State-Owned Enterprises (Reg No. 2021/R-152)* where it is prohibited for SOEs to obtain from the external auditor or any third party that is related to the external auditor (network firms), advisory and other services including internal audits, valuation services, consultancy services and other non-audit services which may result in Conflict of Interest?  Yes  No
  
- Is your firm in compliance with the requirements in Section 600 of *International Code of Ethics for Professional Accountants (including International Independence Standards)* in the provision of non-assurance services to audit clients?  Yes  No

If your practice has not complied with any of the above laws, regulations or standards, please provide the reason(s) for non-compliance:

#### LITIGATIONS

Are there any ongoing litigations by or against the firm in a Tribunal or Court of Law?  Yes  No

## 5. COMPLIANCE WITH PREVENTION OF MONEY LAUNDERING AND FINANCING OF TERRORISM ACT (Law No. 10/2014) – (PMLFTA)

Requirements	Y	N	N/A
Does the firm have an AML/CFT program in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the firm designated a compliance officer at management level for implementation of PMLFTA (Law No. 10/2014)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the firm have an employee assessment system that is commensurate with the size of your operations and risk exposure to Money Laundering and Terrorism Financing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the firm regularly conduct or participate in awareness and training programs on AML/CFT practices and measures for your employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has there been regular independent audits of the firms internal AML/CFT measures to check conformity, compliance with and effectiveness of the measures taken to implement PMLFTA (Law No. 10/2014)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have selected '**No**' for any of the requirements, please explain the reason for non-compliance and future plan for compliance.

## 6. DETAILS OF THE AUDIT AND NON-AUDIT ENGAGEMENTS

### REVENUE FROM AUDIT ENGAGEMENTS FOR THE YEAR

Particulars	PIEs	Large companies	SMEs <sup>Note 3</sup>
Number of Audit Clients			
Total Audit Fee (MVR)			

**Note 3:** SME classification shall be made based on the requirement given in SME Act, all others shall be considered as large if not a Public Interest Entity.

### REVENUE FROM NON-AUDIT SERVICES PROVIDED TO AUDIT CLIENTS FOR THE YEAR

Particulars	PIEs	Large companies	SMEs
Number of Clients			
Total Fee (MVR)			

### LIST OF NON-AUDIT SERVICES THE FIRM PROVIDES *(give a brief description)*

Service Name	Brief Description

## 7. OTHER INFORMATION

### DETAILS OF OTHER OFFICES OF THE FIRM IN THE MALDIVES

Location & Address	Number of Staff

### NETWORK AFFILIATIONS

Have there been any changes to the network affiliation during the year?  Yes  No  N/A

If 'Yes', please provide the details below.

Network Name	County	Date from (DD/MM/YYYY)	Date to <sup>Note 4</sup>

**Note 4:** Include any network affiliations ended during the year, state 'present' in all other circumstances.

### PROFESSIONAL INDEMNITY INSURANCE

Insurer	Period Covered	Sum Insured (in MVR)	Next Renewal Date (DD/MM/YYYY)

### STAFF COMPOSITION – TECHNICAL

Is your firm in compliance with the requirement to maintain at least fifty percent (50%) of its technical staff as Maldivian nationals?  Yes  No  N/A

If 'No', please state the reason.

### DETAILS OF TECHNICAL STAFF COMPOSITION

Level	No. Maldivian	No. Foreign
Senior Management		
Middle Management		
Operational Staff		
<b>Total</b>		

**Senior Management** includes Partners and Directors.

**Middle Management** refers to Managers and supervisors.

**Operational staff** includes auditors and associates.

## 8. DECLARATION

I/ We declare that:

- the information given in this form is true, accurate and complete to the best of my/ our knowledge and that I/ we will provide any further information the Institute may request; and
- I/ we understand that a false declaration on this form may lead to sanctions being taken against me/ us and/ or invalidate any decision related to the Licence of the Firm.

Licensed Partner 1 / SP	Licensed Partner 2
<b>Name:</b>	<b>Name:</b>
<b>Date:</b>	<b>Date:</b>
<b>Sign</b>	<b>Sign</b>

## 9. DOCUMENTS REQUIRED TO SUBMIT

#	Document Checklist
<input type="checkbox"/>	Tax Clearance Report