



## Application for Practicing Certificate (Firm)

### 1. Firm Information

Firm's Name:

Number of Partners:

Head Office Address:

City/ Atoll:

State:

ZIP Code:

Country:

Tel:

Fax:

Email:

Correspondence Address (if different from above):

City/ Atoll:

State:

ZIP Code:

Country:

Tel:

Fax:

Email:

### 2. Partner Information

Name:

AGO Practicing Certificate No:

Expiry Date:

IFAC Member Body Practicing Certificate No:

Expiry Date:

Date of birth:

Phone:

ID/  PP No:

Fax:

Email:

Nationality:

Work Permit No:

WP Expiry Date:

Country of Residence:

Correspondence Address:

City/ Atoll:

State:

ZIP Code:

Permanent Address:

City/ Atoll:

State:

ZIP Code:

Are you a partner in any other audit firm?

No

Yes (Specify)

### 3. Partner Information

Name:		
AGO Practicing Certificate No:	Expiry Date:	
IFAC Member Body Practicing Certificate No:	Expiry Date:	
Date of birth:	Phone:	
<input type="checkbox"/> ID/ <input type="checkbox"/> PP No:	Fax:	
Email:	Nationality:	
Work Permit No:	WP Expiry Date:	
Country of Residence:		
Correspondence Address:		
City/ Atoll:	State:	ZIP Code:
Permanent Address:		
City/ Atoll:	State:	ZIP Code:
Are you a partner in any other audit firm? <input type="checkbox"/> No <input type="checkbox"/> Yes (Specify)		

### 4. Partner Information

Name:		
AGO Practicing Certificate No:	Expiry Date:	
IFAC Member Body Practicing Certificate No:	Expiry Date:	
Date of birth:	Phone:	
<input type="checkbox"/> ID/ <input type="checkbox"/> PP No:	Fax:	
Email:	Nationality:	
Work Permit No:	WP Expiry Date:	
Country of Residence:		
Correspondence Address:		
City/ Atoll:	State:	ZIP Code:
Permanent Address:		
City/ Atoll:	State:	ZIP Code:
Are you a partner in any other audit firm? <input type="checkbox"/> No <input type="checkbox"/> Yes (Specify)		

## 5. Other

Is your firm engaged in any line of business other than accounting and assurance services?  No  
 Yes (Specify)

## 6. Conditions for the issue of a Practicing Certificate

In signing this form, we agree to:

- Use Firm's Practicing Certificate No. on all audit reports issued by our firm;
- Exempt our Firm from providing services to a party which may result in conflict of interest as per section 13 (b) and 13 (c) of the regulation;
- Keep all the records pertaining to the audit assignments we undertake as stipulated in section 13 (f) of the regulation;
- Adhere to the International Standards on Auditing and the IFAC Code of Conduct as stipulated under section 13 (d) and 25 (c) of the regulation;
- Adhere to the regulation on the provision of statutory audit and assurance services in the Maldives;
- Adhere to all the relevant laws and regulations of the Maldives; and
- Adhere to IFAC Code of Ethics and other ethical requirements of the regulation.

We certify that the information provided on this form is valid and accurate.

Signature of the Partners

Name:	Signature:	Date:
Name:	Signature:	Date:
Name:	Signature:	Date:
Name:	Signature:	Date:
Name:	Signature:	Date:
Name:	Signature:	Date:

## 7. For Official Use

Received by:

Designation:

Signature:

Date:

Application  Accepted  
 Rejected (Reason)

Certificate No:

Issue Date:

Expiry Date:

Professional Indemnity Insurance Date:

Policy No:

**Documents to be submitted by the applicant - Firm**

(Original documents will be returned upon verification of the information)

1. Completed application form	<input type="checkbox"/>
2. Practicing certificates of the partners	<input type="checkbox"/>
3. Partnership registration certificate	<input type="checkbox"/>
4. Registered office	<input type="checkbox"/>
5. Firm infrastructure and human resources	<input type="checkbox"/>
6. Summary of audit process/ quality control process and procedures	<input type="checkbox"/>
7. Firm Structure	<input type="checkbox"/>
8. Internal Procedures	<input type="checkbox"/>
9. List of assurance engagements (indicating your level of involvement, size of the firm (approximate revenue and capital), year of completing the assignment). Note: AGO may ask for confirmation letters from the clients if needed.	<input type="checkbox"/>
10. Partnership Agreement	<input type="checkbox"/>
11. Copy of Professional Indemnity Insurance policy (within one month upon receiving PC)	<input type="checkbox"/>