



Application for Practicing Certificate (Individual)

1. Applicant Information

Name (Mr, Mrs, Ms, Dr):

Date of Birth:	<input type="checkbox"/> ID/ <input type="checkbox"/> PP No:	Phone:
Email:		Fax:
Nationality:	Work Permit No:	WP Expiry Date:

Country of Residence:

Current address:

City/ Atoll:	State:	ZIP Code:
--------------	--------	-----------

Permanent Address:

City/ Atoll:	State:	ZIP Code:
--------------	--------	-----------

Correspondence Address:

City/ Atoll:	State:	ZIP Code:
Email:	Contact:	

2. Qualification

Professional (Tick as appropriate):	<input type="checkbox"/> ACCA <input type="checkbox"/> CPA <input type="checkbox"/> ICAS	<input type="checkbox"/> CIMA <input type="checkbox"/> ICAEW <input type="checkbox"/> Other (Specify)
-------------------------------------	--	---

Academic (Tick as appropriate):	<input type="checkbox"/> PhD <input type="checkbox"/> MBA <input type="checkbox"/> MSc <input type="checkbox"/> BA <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> DBA <input type="checkbox"/> MA <input type="checkbox"/> BSc <input type="checkbox"/> BCom
---------------------------------	---	--

3. Current Employment Information

Employer:		
Employer Address:		Duration:
Phone:	E-mail:	Fax:
City/Atoll:	State:	ZIP Code:

4. Past Employment Information

1.	Position	Entity	Duration		
			Year(s)	Month(s)	Day(s)
2.			Year(s)	Month(s)	Day(s)
3.			Year(s)	Month(s)	Day(s)
4.			Year(s)	Month(s)	Day(s)
5.			Year(s)	Month(s)	Day(s)

5. Practicing Certificate from IFAC Member Bodies (where applicable)

Awarding Institute:

Membership No:

Certificate No:

Issue Date:

Expiry Date:

6. Other

Are you engaged in any sort of business other than audit & assurance services?

No

Yes (Specify)

7. Conditions for the issue of a Practicing Certificate

In signing this form, I agree to:

- Use my Practicing Certificate Number on all audit reports that I sign;
- Exempt myself from providing services to a party which may result in conflict of interest as per section 13 (b) and 13 (c);
- Keep all the records pertaining to the audit assignments I 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; and
- Comply with all the laws and regulation of the Maldives.

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

Signature of applicant:

Date:

8. For Official Use

Received by:

Designation:

Signature:

Date:

Application

Accepted

Rejected (Reason)

Interview Date:

Time:

Certificate No:

Issue Date:

Expiry Date:

Professional Indemnity Insurance Date:

Policy No:

Note:

1. To meet the requirements under section 4 (f) of the regulation governing the provision of statutory audit and assurance services in the Maldives, applicant will be required to appear before Licensing and Disciplinary Committee established under the section 28 (a) of the regulation, for an interview. In order for you to be eligible for a practicing certificate you are required to demonstrate your competency in Maldivian Company law, Partnership Law, Tax Law and relevant regulations.
2. The date, timing and place of the interview will be informed by AGO. Ensure that you provide a working telephone number and email address to AGO along with your application.

Documents to be submitted by the applicant- Individuals

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

1. Completed application form	<input type="checkbox"/>
2. Original and a copy of the NID or Passport (foreigners)	<input type="checkbox"/>
3. Original and an attested copy of the work permit (foreigners)	<input type="checkbox"/>
4. Originals and attested copies of the educational qualifications required under the regulation	<input type="checkbox"/>
5. Applicant's professional CV	<input type="checkbox"/>
6. 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"/>
7. Completed Police Clearance Form	<input type="checkbox"/>
8. Completed Court Clearance Form	<input type="checkbox"/>
9. Copy of Professional Indemnity Insurance Policy (within one month upon receipt of the Practicing Certificate)	<input type="checkbox"/>