



Application for Practicing Certificate (Firm) - Renewal

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:

Contact:

2. Existing Practicing Certificate

Certificate Number:

Issued Date:

Expiry Date:

Firm's Registration Number:

3. 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)

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

Does your firm provide any services other than audit & assurance services?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (Specify)
Do you agree to ensure your firm's commitment to adhere to the Regulation Governing Provision of Statutory Audit and Assurance Services in the Maldives and any amendments brought thereto	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you certify that in all material aspects the firm was in compliance with the Regulation Governing Provision of Statutory Audit and Assurance Services in the Maldives during the last year	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you certify that no partner of your firm engaged in any activity which contradicts with professional behavior expected of a certified auditor?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you certify that no partner of your firm was engaged in any business activity which is likely to raise doubts on the ability to act as a professional external auditor during the last year?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you certify that no partner of the firm has been an owner/partner/director/ an executive of a company/business which went into bankruptcy/ receivership/ voluntary liquidation during the last three years	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you certify that no partner of you firm was convicted of any criminal offences on theft, bribery, robbery, fraud, corruption or any other financial crime of the same nature during the last three years?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you certify that any partner does not have a decreed debt which the partner has not paid as per the court judgment or agreed terms ?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have any of your partners been removed from the membership of a professional accountancy body during the last certificate validity period?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you certify that no partner in your firm has had their practicing certificate cancelled/withdrawn/or held during the last year by the relevant professional accountancy organization(s)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you certify that no partner in your firm has been convicted of any criminal or civil offense during the last year?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Would you be able to assure that all partners in the firm have met continuous profession development requirements as per section 20 of the Regulation Governing Provision of Statutory and Assurance Services in the Maldives?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

7. Conditions for the issue of a Practicing Certificate

In signing this form, we agree to:

- Use our Practicing Certificate Number on all audit reports issued by our firm;
- Withdraw from or reject engagements that involve providing services to a client which could result in conflicts 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 applicable laws and regulations of the Maldives; and
- Comply with IFAC Code of Ethics when carrying out audit and assurance engagements

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:
Name:	Signature:	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:

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. List of audit engagements for the year {indicating size of the client's firm (approximate revenue and capital), type of the business, number of audit hours for each assignment, type of audit opinion and year of completing the audit assignment}. Note: AGO may ask for confirmation letters from the clients if needed	<input type="checkbox"/>
4. Copy of Professional Indemnity Insurance policy (within one month upon receiving PC)	<input type="checkbox"/>