



Application for Practicing Certificate (Individual) - Renewal

1. Applicant Information

Name (Mr, Mrs, Ms, Dr):

Date of Birth:

ID/ 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. Existing Practicing Certificate

Certificate Number:

Issued Date:

Expiry Date:

Auditor's Registration Number:

3. Current Employment Information

Employer:

Employer Address:

Duration:

Phone:

E-mail:

Fax:

City/Atoll:

State:

ZIP Code:

4. Past Employment Information

Position	Entity	Duration		
1.		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

Awarding Institute:

Membership No:

Certificate No:

Issue Date:

Expiry Date:

6. Other

I certify that I have not been involved in any sort of business other than audit & assurance services? No (Specify) Yes
(Specify)

I agree to adhere to the Regulation Governing Provision of Statutory Audit and Assurance Services in the Maldives and any amendments brought thereto No Yes

I certify that, in all material aspects, I complied with the Regulation Governing Provision of Statutory Audit and Assurance Services in the Maldives during the last year No Yes

I certify that I did not engage in any activity which is contradictory to professional ethics of a certified auditor during the last year No Yes

I certify that I did not engage in any business activity which is likely to raise doubts on my ability to act as a professional external auditor during the last year No Yes

I certify that I have not been an owner/partner/director/ an executive of a company/business which went into bankruptcy/ receivership/ voluntary liquidation during the last three years No Yes

I certify that I have not been 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 No Yes

I certify that I do not have any debt which I have not paid as per the agreed terms? No Yes

I have not been removed from the membership of the relevant professional accountancy organisation(s) during the last one year No Yes

I certify that my practicing certificate had not been cancelled/withdrawn/or withheld during the last year by the professional accountancy body which issued the certificate No Yes

I certify that I have not been convicted of any criminal or civil offense during the last year? No Yes

I certify that I have met continuous profession development requirements as per section 34 of the Regulation Governing Provision of Statutory Audit and Assurance Services in the Maldives No Yes

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;
- Excuse 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;
- Comply with all applicable laws and regulations 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 <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected (Reason)		
Interview Date:	Time:	
Certificate No:	Issue Date:	Expiry Date:
Professional Indemnity Insurance Date:		
Policy No:		

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. 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 (if not submitted earlier)	<input type="checkbox"/>
5. Original and attested copy of the membership certificate issued by the professional accountancy bodies stipulated in the regulation (foreigners)	<input type="checkbox"/>
6. Original and attested copy of the Practicing Certificate issued by the professional accountancy bodies stipulated in the regulation (foreigners)	<input type="checkbox"/>
7. List of audit engagements for the year {indicating your level of involvement, 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"/>
8. Attested copies of the certificates of acquired CPD hours {indicating the structured learning hours and the areas covered}	<input type="checkbox"/>
9. Copy of Professional Indemnity Insurance Policy (within one month upon receipt of the Practicing Certificate)	<input type="checkbox"/>