



Request for the audit manual and supplementary guidance

1. Individual/Firm's Information

Individual's/ Firm's Name:		
Practicing Certificate Category:		
Practicing Certificate No:		
Address:		
City/ Atoll:	State:	ZIP Code:
Country:	Tel:	Fax:
Email:		

2. Conditions for the issue of the audit manual and supplementary guidance

In signing this form, I/we agree that the Auditor General's Office will not be responsible for any loss or damage caused to me/us or a third party as a result of the application of the guidelines prescribed in the audit manual and audit programmes. I/We agree to use the audit manual in our practice with modifications to suit our circumstances and needs. I/We also undertake to update the manual to keep my/our practices abreast of international developments in auditing. I/We also acknowledge that the rationale behind issuing the audit manual is to help strengthen the existing capacity within my/our audit practice and not to share or distribute or use the audit manual for any other purpose.

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

Signature of the Individual /Partner

Name:	Signature:	Date:
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3. For Official Use

Audit manual and guidance material received by:	
Designation:	
Signature:	Date:

Documents to be submitted by the applicant – Individual/Firm

1. Completed application form	<input type="checkbox"/>
2. Copy of practicing certificate	<input type="checkbox"/>