

Auditor Registration

Attach a recent passport-sized photograph of the individual in Item 3(a) or 4(c) here

- Submit this application to register yourself with MIRA under the Tax Ruling TR-2018/B63.
- You are required to inform us in writing of any changes to the information provided in or with this application.

1. Type of application		New registration =							
	Category upgrade → Complete Section C only								
		SECTIO	NA						
2. Type of auditor		ndividual → Com Partnership → Sk			•	n 5			
3. Information about the individual									
(a) Personal details		Title First Name			Other Names				
				_	- tumes				
		Nationality				National ID Card / Immigration ID Card Number			
(b) Contact details Email address and either telephone or mobile number is mandatory									
		ione	Mobile			Email Address			
mobile number is mandatory				\prod					
		Website		F Tr	Facebook		Twitter		
	Instagr	LinkedIn		inkedIn		YouTube			
4. Information about the partnership				_					
(a) Partnership details	Name of the Partnership								
	Traine of the Farmership								
	Partne	artnership Registration Number							
(h) Contact details			1	_					
(b) Contact details Email address and either telephone or mobile number is mandatory		Telephone				Email Address			
		Тегерпопе			Mobile				
		Website			Facebook		Twitter		
]		
		Instagram			LinkedIn		YouTube		
(c) Details of the partner who meets the				_					
requirements in paragraph 23(c), 24(c)	Title First Name Other Names								
or 26 of the Tax Ruling TR-2018/B63 and whose relation with that partnership is is disclosed to MIRA.									
		Nationality National ID Card / Immigration ID C							
		Telephone		Mobile		Email Address			
	Website			F	acebook		Twitter		

LinkedIn

Instagram

YouTube

	(d) Auditor category		Category A	Cate	gory B (Category C	:			
	 (e) Number of full-time employees during the year To be completed by category A and B appl. (f) Do you have a permanent office set To be completed by category A and B appl. 	tup?	Maldivians Yes	Expatriates						
							1		-	
5.	Registered address						<u> </u>			
			House Name / Building	g Name			Level		Apartment Number	
			Street				Postcode			
			City / Atoll (e.g. "Male", "Var	avu" or "V") Dis	strict / Island (e.g	յ. "Maafannu" or "M", "Fe	idhoo")	Country		
6.	Academic qualification									
	Details of the highest, relevant academic qualit		Qualification				Start Dat	e	End Date	
	you have obtained. If you are a partnership, wr details of the partner in Item 4(c).	rite the								
			Education Institution			Awarding	Institution			
			Major Subject(s)							
	7. Professional qualification Details of the highest, relevant professional qualification									
	you have obtained. If you are a partnership, wr		Qualification				Year of C	Qualification	n Membership Status	
	details of the partner in Item 4(c).									
8.	Work experience									
	Details of your recent, relevant work experienc	e. If you are	e a partnership, write the	e details of the	partner in Item	4(c).				
	•	•	e a partnership, write the	e details of the	partner in Item		ief Desc	ription o	f Work	
	Details of your recent, relevant work experienc	•					rief Desc	ription o	f Work	
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	Details of your recent, relevant work experienc	•					ief Desc	ription o	of Work	
	Details of your recent, relevant work experienc Employer	Pos	sition / Title	Start Date	End Date		ief Desc	ription o	of Work	
9.	Details of your recent, relevant work experienc Employer Qualification route (to be completed by	Pos / Categor	sition / Title y B and Category C	Start Date	End Date	В	rief Desc	ription o	of Work	
9.	Details of your recent, relevant work experience Employer Qualification route (to be completed by Tick the route which makes you eligible to regin	Pos / Categor	y B and Category C	Start Date applicants of the Tax Ruling	End Date only) TR-2018/B63.	В			of Work	
9.	Employer Qualification route (to be completed by Tick the route which makes you eligible to region Fully qualified member of a profes	y Category ster with MI	y B and Category C RA as an auditor under	start Date applicants of the Tax Ruling	only) attion experie	nce of not less	than 7 y		of Work	
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SECTION B

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10. Details of auditor	
	Auditor Registration Number Name
Document Checklist You are required to submit these documents	Letter of consent from employer
together with this application.	Copy of practicing certificate issued by the Auditor General to the individual in Item 3 or partner in Item 4(c) Proof of employment of full-time employees (for category A, 10 employees; for category B, 5 employees)
	SECTION C
11. Details of auditor	
	Auditor Registration Number Name
12. Current auditor category	Category B Category C
13. Upgrading to	Category A Category B
Document Checklist You are required to submit these documents	Proof of relevant work experience in audit or assurance services, including letters of reference
together with this application.	Accredited and attested certificates of the qualification in Item 6 and 7
	Letter of consent from employer
	Copy of practicing certificate issued by the Auditor General to the individual in Item 3 or
	partner in Item 4(c) Proof of employment of full-time employees (for category A, 10 employees;
	for category B, 5 employees)
Declaration I declare that the information given on this form is MIRA cancelling my auditor registration. Title Name	true and correct. I understand that providing false or misleading information could result in Contact Number
Designation	Date Signature & Seal
For Office Use Only	
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