

Form-2
[Referred by Rule 3(1)]
Financial Reporting Council

Audit Firm Enlistment Renewal Application Form

(Tick the appropriate space or fill in the blank)
(If necessary, use separate paper and cut out unnecessary parts or mention “Not Applicable”)

First Part
Details of the Audit Firm

Application registration no. & date (To be filled by the Council):

FRC’s enlistment registration no. & date:

1. Firm name (In Bengali):

Firm name (In English block letter):

2. Type of firm: (1) Sole Proprietorship or, Partnership
(2) Chartered Accountancy or, Cost and Management Accountancy

3. Firm head office address:

4. Date of commencement and registration of the firm (Provided by the concerned professional accountancy institute):

5. Official Mobile No. (Information purpose): E-mail:

6. Is this the only office of the firm? Yes , No (If “No”, the information in 7.2 is to be filled)

7. Other information: (If 'Applicable/Yes' attach documents)

7.1 Up-to-date (Latest financial year related) firm profile of the audit firm:

(a) Name of the authorized representative of the firm who is the applicant:

Designation: Address:

Mobile no. (Information purpose): E-mail:

(b) Number of partners:

(c) Plinth area of head office (Sq.ft.):

Type of ownership: Own or, Rent/lease or,
Partly own & Partly rent/lease

Annexure-1: copy of declaration of
ownership/ rental deed

(d) In case of a partnership firm, a copy of the partnership deed
or written copy of agreement

Annexure-2: copy of partnership deed

Applicable , Not Applicable

(e) In case of a partnership firm, copy of the Certificate of registration, if registered with the registrar of joint stock companies and firms;

Annexure-3: copy of registration Certificate

Applicable , Not Applicable

(f) Up-to-date income tax payment information

Annexure-4: Copy of return acknowledgment for last financial year

E-TIN:

Annexure-5: Copy of E-TIN Certificate

(g) BIN:

Annexure-6: Copy of BIN Certificate

Annexure-7: Copy of the last VAT return

(h) Details and declaration of internet system in the firm, if any.

Applicable , Not Applicable

Annexure-8: Copy of declaration

(i) Details and declaration of company's own data base system, if any. Applicable , Not Applicable

Annexure-9: Copy of declaration

(j) Trade license or up-to-date renewal copy of the audit firm

Annexure-10: Trade license/ renewal copy

(k) Copy of audit firm's annual return for the last 01 (One) year submitted to the concerned professional accountancy institute

Annexure-11: Copy of annual return

Applicable , Not Applicable

(l) Copy of appointment letter/deed with any internationally recognized accountancy firm and audit related network if included or part of said network or organization.

Annexure-12: Copy of appointment letter/ deed

Applicable , Not Applicable

(m) Whether the professional accountancy institute or any other regulatory authority has taken any punitive action against proprietor or any partner of the firm in the last 03 (Three) years? Yes , No

If punished:

Name of the convicted auditor	Sanctioning authority	Date of punishment received	Current status	Written description of the complaints/orders
				Annexure-13: Copy of the complaint/ order

*** If punishment received from multiple authority, mention details chronologically.

(n) Whether the professional accountancy institute or any other regulatory authority has taken any punitive action against the audit firm in the last 03 (Three) years? Yes , No

If punished:

Sanctioning authority	Date of punishment received	Current status	Written description of the complaints/orders
			Annexure-14: Copy of the complaint/ order

*** If punishment received from multiple authority, mention details chronologically.

7.2. Details of audit firm’s offices and partner/official in charge

Number of offices:

Office serial no:

<p>(a) Office name:</p> <p>(b) Address:</p> <p>(c) E-mail: (d) Mobile or phone no.:</p> <p>(e) Name of the representative of the office.....Designation.....</p> <p>Mobile or phone no..... E-mail.....</p>

*** Provide the details of all the offices chronologically.

7.3. Details of each partner of the audit firm (Proprietor’s details in case of sole proprietorship firm)

<p>(a) Name of partner:</p> <p>(b) Date of birth: Age.....</p> <p>(c) Father's name:</p> <p>(d) Mother's name:</p> <p>(e) Present address: Mobile no:</p> <p>Permanent address:</p> <p>(f) Designation:</p> <p>(g) Enrollment no. issued by the professional accountancy institute.....</p>

(h) E-TIN: Up-to-date information of income tax payment	Annexure-15: Copy of return acknowledgment for last financial year
(i) Experience (In years):	
(j) Membership Certificate no. issued by the concerned professional accountancy institute.....and year.....	Annexure-16: Copy of membership Certificate
(k) Certificate of Practice (CoP).....	Annexure-17: Copy of Certificate of Practice (CoP)
(l) NID <input type="checkbox"/> or, Passport <input type="checkbox"/> no:.....	Annexure-18: Copy of NID/ passport
(m) Passport size color photo (02 copies)	Annexure-19: Passport size color photo

*** Provide the details of all partners chronologically.

7.4. Details of human resources of the audit firm:

Human resources	Number	List of professional qualifications of each
Partner/Proprietor		
Chartered Accountants or Cost and Management Accountants other than partners/ proprietor		

*** Provide the list of human resources of head office and branch office separately and chronologically.

Table-A: Professional qualification

Serial no:

Name:

Designation:

Name of professional Certificate	Passing year	Name of the institution	Copy of Certificate
			Annexure-20: Copy of Certificate

*** Provide the list of human resources of head office and branch office separately and chronologically.

7.4.1 Other human resources

Human resources	Number	Registration no. (If applicable)	Attachments
Course complete student			
Articled student			
Apprentice student			
Non-audit staff			

*** Provide the list of human resources of head office and branch office separately and chronologically.

7.5. Description of certified information system officer

Applicable , Not Applicable

Name of officer	Name of the Certificate	Certification authority	Copy of Certificate
			Annexure-21: Copy of Certificate

*** Provide the details of all the officers chronologically.

7.6. Details of deposit of fees prescribed in schedule-II of the Rules: Only one payment method should be used (Online or Offline Payment).

7.6.1 Online Payment

Particulars	Number	Taka	Payment Method	Date	Transaction ID	Account No.	Fee deposit receipt
Total Partners							Annexure-22: Copy of online payment receipt
Total Branch Offices							
Total:							
Total (In words):							

*** Copy of online payment receipt should be submitted along with the application.

7.6.2 Offline Payment

Particulars	Number	Taka	Pay-order/ bank draft no.	Date	Bank name and branch	Fee deposit receipt
Total Partners						Annexure-22: Copy of pay-order/bank draft
Total Branch Offices						
Total:						
Total (In words):						

*** Original copy of pay-order/ bank draft should be submitted along with the application.

**Required Qualifications and Information in the Cases Mentioned in Schedule-I
Schedule-I (Part-A)**

8. Whether the firm is interested to engage in auditing of banks, financial institutions, or other institutions under the regulation of the Bangladesh Bank?

Yes , No

8.1. Organization wise audit experience:

(a) Bank and financial institution audit experience in last 05 (Five) years

Number:

Name of bank and financial institution	Type of organization	Audit year	Audit fee	DVC no.

*** Provide the information of all audit experiences chronologically.

(b) Audit experience of at least 05 (Five) companies listed and non-listed in the stock market except banks and financial institutions in the last 03 (Three) years:

Name of the audited entity	Type of organization	Audit year	Audit fee	DVC no.

*** Provide the information of all audit experiences chronologically.

Schedule-I (Part-B)

9. Whether the firm is interested to engage in auditing of Public Interest Entities (PIEs) or companies listed on the stock market under the Bangladesh Securities and Exchange Commission (BSEC)?

Yes , No

9.1. (If 'Applicable/Yes' then attach documents)

(a) Whether the foreign firm conducts an independence review of the applicant's audit firm? Yes <input type="checkbox"/> , No <input type="checkbox"/>	Annexure-23: Copy of latest review
(b) Whether the audit firm has audit risk assessment policy for client? Yes <input type="checkbox"/> , No <input type="checkbox"/>	Annexure-24: Copy of policy
(c) Whether the audit firm has independence review policy and related organizational procedures for the partners? Yes <input type="checkbox"/> , No <input type="checkbox"/>	Annexure-25: Copy of policy
(d) Whether the audit firm has any capacity enhancing program for audit staff and articled students? Yes <input type="checkbox"/> , No <input type="checkbox"/>	Annexure-26: Program report for last 03 (three) years
(e) A clear description of the audit firm's physical infrastructure, including the amount of office space used, details of fixed assets including information technology.	Annexure-27: Written description

9.2. Experience in audit services: (No need to re-fill if a and b of 8.1 are filled already)

(a) At least 02 (Two) years of experience in providing audit services to 02 (Two) Major Public Interest Entities (PIEs)

Name of the audited entity	Type of organization	Audit year	Audit fee	DVC no.

*** Provide the information of all audit experiences chronologically.

(b) Details of major audit/non-audit engagements during the last 02 (Two) years:

Name of the entity	Type of organization	Audit year	Audit fee	DVC no.

*** Provide the information of all audit experiences chronologically.

Schedule-I (Part-C)

10. Whether the firm is interested to engage in auditing of Public Interest Entities (PIEs) or institutions under Microcredit Regulatory Authority, NGO Affairs Bureau, clubs, trusts, social service institutions, not for profit organization and private universities under University Grants Commission or other regulatory authority, etc.?

Yes , No

10.1 Experience in audit services: (No need to re-fill if a and b of 8.1 are filled already)

At least 02 (Two) years of audit experience with evidence of minimum 03 (Three) appointments in government, semi-government, autonomous, microcredit, NGO, voluntary organization, club, trust, social service institution, private university, bank, insurance, financial institution etc.

Name of the audited entity	Type of organization	Audit year	Audit fee	DVC no.

*** Provide the information of all audit experiences chronologically.

Schedule-I (Part-D)

11. Whether the firm is interested to engage in auditing of Public Interest Entities (PIEs) or insurance companies under Insurance Development and Regulatory Authority?

Yes , No

11.1 Eligibility of firm enlistment by the Council for auditing Public Interest Entities (PIEs) or insurance companies under Insurance Development and Regulatory Authority:-

(a) Whether the audit firm is a partnership firm of chartered accountants?	Yes <input type="checkbox"/> , No <input type="checkbox"/>
(b) At least 02 (Two) fellow partners have a minimum of 07 (Seven) years of practicing experience in such firm whether or not affiliated with a foreign audit firm? 1. Name: 2. Name:	Yes <input type="checkbox"/> , No <input type="checkbox"/>
(c) Whether there are at least 04 (Four) partners in such firm not affiliated with foreign audit firm? 1. Name: 2. Name: 3. Name: 4. Name:	Yes <input type="checkbox"/> , No <input type="checkbox"/> Not Applicable <input type="checkbox"/>
(d) Whether each partner of the audit firm has at least 05 (Five) audit staff?	Yes <input type="checkbox"/> , No <input type="checkbox"/>

11.2 Whether the audit firm is enlisted under any regulatory authority other than the council? (If listed, fill the table)

Yes , No

Name of the regulatory authority	Date of enlistment	Enlistment Certificate
		Annexure-28: Copy of Enlistment Certificate

*** Provide the information of all authorities chronologically.

12. FRC's audit firm Enlistment Certificate

Annexure-29: Copy of the Certificate

Date:

Name and signature of applicant:

Designation:

Seal of audit firm: