

### Audit Firm's profile

For the year ended \_\_\_\_\_

1. Audit Firm Information

Name of Audit Firm \_\_\_\_\_

Head Office Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ website \_\_\_\_\_

e-mail address \_\_\_\_\_

Branch Address (if any) \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_

As at (end of the latest fiscal year) \_\_\_\_\_

Number of total employee \_\_\_\_\_

Number of professional staff \_\_\_\_\_ as following details

Position*	Brief Responsibility	Number of staff	Range of audit experience (year)	Average audit experience (year)	Staff turnover (%)
Partner					
Senior manager					
Manager					
Senior					
Junior					
Other please specify _____					
Other please specify _____					
Total					

\* This can be adjusted to align with your firm's organization structure

Position	Name
Audit Firm Leader	1. _____
Ultimate responsible partner to the firm's audit quality control system	1. _____
	2. _____

Audit partners in the SEC approved lists

Name	Position	Registration Period
1.		
2.		
3.		

Audit partner or equivalence

Name	Educational Background	CPA		Audit Experience (year)	Spouse Name/ Workplace	Children	
		No.	Issued by			Name/ Workplace	Age (year)
1.						1.	
						2.	
						3.	
2.						1.	
						2.	
						3.	
3.						1.	
						2.	
						3.	

Other CPA in the audit firm \_\_\_\_\_ person

Name	CPA No.	Position	Educational Background	Audit Experience (year)
1.				
2.				
3.				

Assistant Auditors \_\_\_\_\_ person

Name	Position	Educational Background	Audit Experience (year)
1.			
2.			
3.			

2. Network<sup>1</sup> firm and related party (if any)

Does your firm associate with an international network?

Yes                       No

If yes, please state the Name of the network \_\_\_\_\_

Brief descriptions about the network (e.g. number of members, countries or continents where the network operates, world ranking, specialized industries)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship between your firm and the network (e.g. full member or associated firms)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your firm fully apply the policies procedures and audit methodologies set out by the network?

Yes                       No

\_\_\_\_\_

<sup>1</sup> ISQC1 Paragraph 12 Network – A larger structure: (i) That is aimed at cooperation, and (ii) That is clearly aimed at profit or cost-sharing or shares common ownership, control or management, common quality control policies and procedures, common business strategy, the use of a common brand name, or a significant part of professional resources.

Please provide a diagram showing relationship structure of the audit firm, its network firm, and its related parties by indicating name of companies or person, country of operation, type of business, type of relationship, and percentage of shareholding (if any).

Please identify the name of person who have been granted authority to use the audit firm's trademark

---

Please identify name of company or person who is related party

	Company/Person Name	Type of relationship	Type of Business
1	<hr/>	<hr/>	<hr/>
2	<hr/>	<hr/>	<hr/>
3	<hr/>	<hr/>	<hr/>

3. Audit Firm's organization chart

Please provide a diagram showing the management structure or chain of command including name of audit firm's directors, management, partner, and committee and their responsibilities

4. Results of the audit quality inspection during the past 3 years before filing the application (if any)

4.1 Firm's internal monitoring

(1) Inspection Period \_\_\_\_\_

(2) Scope of inspection

(2.1) Engagement Level \_\_\_\_\_

(Please provide details of selected engagements including engagement name, fiscal year ended, engagement partner name)

(2.2) Firm Level \_\_\_\_\_

(Please provide details of ISQC elements that were inspected)

(3) Result of inspection, please indicate any deficiency found and remedial actions needed

\_\_\_\_\_  
\_\_\_\_\_

#### 4.2 Network firm's monitoring

(1) Inspection Period \_\_\_\_\_

(2) Scope of inspection

(2.1) Engagement Level \_\_\_\_\_

(Please provide details of selected engagements including engagement name, fiscal year ended, engagement partner name)

(2.2) Firm Level \_\_\_\_\_

(Please provide details of ISQC elements that were inspected)

(3) Result of inspection, please indicate any deficiency found and remedial actions needed

\_\_\_\_\_  
\_\_\_\_\_

#### 4.3 External Audit Oversight Authority's monitoring

(1) Inspection Period \_\_\_\_\_

(2) Scope of inspection

(2.1) Engagement Level \_\_\_\_\_

(Please provide details of selected engagements including engagement name, fiscal year ended, engagement partner name)

(2.2) Firm Level \_\_\_\_\_

(Please provide details of ISQC elements that were inspected)

(3) Result of inspection, please indicate any deficiency found and remedial actions needed

\_\_\_\_\_  
\_\_\_\_\_

#### 5. Management's opinion on the prior year's audit quality control of the firm

\_\_\_\_\_

---

(Including the opinion of firm's audit quality control effectiveness, independence, compliance with auditing, ethical standards and relevant laws and regulations)

6. List of audit clients in the latest accounting period and fee received from these clients

Client	Industry	Key audit partner		Audit Firm			Network firm			Total
		EP	EQCR	Audit Fee	Non-Audit Service Fee	Description of Non-Audit Service	Audit Fee	Non-Audit Fee	Description of Non-Audit Service	
1.										
2.										
3.										

7. Description of preventive measure to ensure that all partners comply with independence rules and regulations (including criteria for setting up the partner's remuneration)

---

---

8. Please briefly describe the system of quality control of your audit firm

8.1 Leadership Responsibilities for the quality within the firm

---

---

8.2 Relevant Ethical Requirements

---

---

8.3 Acceptance and Continuance with clients

---

---

8.4 Human Resources

---

---

8.5 Engagement Performance

---

---

8.6 Monitoring

---

9. Audit Quality Indicators

9.1 Actual hours spent on review and audit of the financial statements of most recent year

Client	Actual Hours															
	Quarter 1				Quarter 2				Quarter 3				Year End			
	SP	EQCR	EP	Mgr.	SP	EQCR	EP	Mgr.	SP	EQCR	EP	Mgr.	SP	EQCR	EP	Mgr.
1.																
2.																

9.2 Continual Professional Development hours for audit staff

Position	Minimum CPD Hours per policies	Average Actual Hours
Partner		
Director		
Senior Manager		
Manager		
Senior		
Junior		