

## Quality Assessment Programme (QAP)

Please note that only SMPs not registered with the AOB are allowed to participate in the QAP. Please fill up the form and fax the duly completed form to **03 – 2722 9100 (Attn: Nadiah)** or email to [smp@mia.org.my](mailto:smp@mia.org.my)

### Practice Profile Information Questionnaire

The information provided will help the QAP reviewer better understand your practice. Information provided in this questionnaire is kept private and confidential.

#### Section 1: Name and Contact Information

1.1	Name of your firm & firm no.	
1.2	Office address	
1.3	Name and brief details of international affiliations, if any	
1.4	Telephone number	
1.5	Fax number	
1.6	Email address	
1.7	Website address (if applicable)	

#### Section 2: Practice Structure and Information

2.1 Indicate industries or types of clients for which your practice does a significant amount of audit work, e.g. banks, securities and commodity dealers, trading and manufacturing companies, management services providers etc.

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2.2 What was the staff composition of your practice for the year ended \_\_\_\_\_ ? (If more than one branch, please give breakdown of location and number of staff)

*Note: This can be based on the accounting year of the firm or the fiscal year to 31 December, whichever is easier for the compilation of the figures*

Staff Composition	No. of Audit Staff				
	HQ	Branch			MIA member
		1	2	3	
Sole practitioner / Partners					
Directors / Principals					
Managers / Assistant managers					
<b>Other Staff</b>					
Degree holder with professional qualification					
Degree holder without professional qualification					
Non-degree holder with professional qualification					
Non-degree holder without professional qualification					
<b>TOTAL</b>					

2.3 Number of audit clients for your practice? (Please tick as appropriate)

<input type="checkbox"/>	0-100
<input type="checkbox"/>	101-200
<input type="checkbox"/>	201-500
<input type="checkbox"/>	Above 500

2.4 List all the partners of your firm who perform audit engagements and/or sign audit reports?

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2.5 Does your firm have an ISQC 1 manual?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

2.6 Please provide the name of the audit software used by your practice (if applicable).

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2.7 Has your firm undergone any reviews before? (If yes, please indicate when)

	Yes	No	Date
MIA Practice Review*	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Peer Review (cold review)	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Engagement Quality Control Review (hot review)	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Others	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>

*\* Kindly take note that participation in QAP will not result in deferral of any on-going Practice Review by MIA.*

2.8 Please indicate your preferred month of review.

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2.9 Any other matters to highlight.

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Form completed by:

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Name:  
 Designation:  
 Date: