APPLICATION CUM QUESTIONNAIRE TO BE SUBMITTED BY PRACTICE UNIT

[As per Clause 6(1) & 6 (2) of the Peer Review Guidelines 2022]

The Secretary, Peer Review Board,
The Institute of Chartered Accountants of India,
ICAI Bhawan,
Post Box No. 7100,
Indraprastha Marg, New Delhi – 110002
APPLICATION
Dear Sir,
1. Our Firm fdsfsfs (Name of practice unit as per ICAl Records); FRN/ M. No
 2. I/We hereby declare that my/our firm is applying for Peer Review (Tick the applicable clause): i. ✓ As it is Mandatory by: ICAI Any other Regulator (please specify) fsf ii. □ Voluntarily: iii. ✓ As a special case Review initiated by the Board: iv. □ New Unit:
v. ✓ As per decision of the Board:
3. I/We hereby declare that my/our firm has signed reports pertaining

to the following assurance services during the period under review:

S. No.	Type of Assurance service rendered	Major type of Client (please specify) (e.g.: Banks; Insurance Company; Manufacturing; Individuals; Trading; any other)				
1	Central Statutory Audit	fsf				
2	Statutory Audit					
3	Internal Audit					
4	Tax Audit	h				
5	Concurrent Audit					
6	Certification work	kj				
7	Any other, please specify □	k				
er 5. O ii. iii. iv. 6. M 7. Ac	4. I / We hereby declare that my/ our firm □ has conducted □ has not conducted Statutory Audit of enterprises Listed in India or abroad as defined under SEBI LODR, 2015 during the Review Period. 5. Option for appointment of Reviewer: (Tick appropriate option) i. □ Same City ii. □ From outside City iii. □ Either option (i) or (ii) iv. □ Preferred City in case of option (ii)					

Further Information to be submitted by New Unit

• 8. Tick the applicable clause or mention N.A as the case may be:

1.	0			-		•	partner/proprietor of the	
			(nam) that is vali				g a Peer Review Cer	Tilicate
	0	I am/was	a partner/propri	etor of the firr	n	(name an	d FRN of firm as per	
	0	is/was a p	artner/proprieto	r of the firm		(name and F	o is a Chartered Acco RN of firm as per IC/ from	4
	0		, M ewer who has q	-		•	, is an Emp	anelled
	0	I, CA		M.No			eviewer who has qua	alified the
2.	Policie (SQC-	• •	ures, and infrast	ructure of my	firm are in conf	ormity with the	Standards on Quality	Control
3.	I wish t	to undertak	ce audit of listed	entity and fu	rther declare tha	at: (Fill as applic	able or else mention	√ ✓ YES
	0		in last three yea	-], partner of m	y firm has carri	ed out audit of Listed	□NO
	0		sted company i			oroprietorship fir	m) have carried out	
4.			it nominates its			for Peer Revi	ew process. His Mob	ile No. is
5.	Annex	ure: Questi	ionnaire					

• I hereby Declare that the details furnished above are true and correct

as borne out by the facts to the best of my knowledge and belief.

- I understand that the Peer Review Certificate, issued on the basis of the report submitted by the reviewer does not provide immunity from Disciplinary/ legal proceedings or actions initiated against Practice Unit or its partners/ employees.
- I undertake to pay the fee to the Peer Reviewer within 7 days from the date of receipt of the invoice from the Peer Reviewer.
- I further undertake and agree that the certificate can be revoked for any of the reason stated in the Peer Review Guidelines

Place:
Date:
Signature of the Proprietor/Partner Name:
Membership No.:
// Page No 5

Annexure

QUESTIONNAIRE

(PART A - PROFILE OF PRACTICE UNIT (PU))

1. Name of the Practice Unit:

gdgs
2. Peer Review of: HO Branch
3. Address (As per ICAI records): gsddd
4. Email ID of PU: admin@gmail.com
Website of PU:
5. Status:
□ Partnership □ Proprietorship □ Limited Liability Partnership □ Practicing in individual name
6. Date of establishment of the PU:
7. Firm Registration Number: (Membership No. in case of an individual practicing in own name)
8. Is there any networking firm? No
(i) Name of network:
(ii) Since when the Networking is entered into:
(iii) Is there any exit from the Networking recently: No
Reason for such exit:
9. Period of assurance service under review
From:To:
10 Contact person of PII for Peer Review (along with Mobile No. and Email id):

11. Particulars about the constitution of the PU during the period under review (as per Form 18 filled with the ICAI). Is there assurance service like Statutory audit, tax audit, Taxation etc. headed by different partners, if yes details to be provided in the below table:

Name of sole- practitioner/ sole- proprietor/ partner	Membership no. of sole- practitioner/ sole- proprietor/ partner	Association with Practice unit (in years)	Any Post Qualification or Certificate course pursued within or outside ICAI.	Professional experience in practice	Predominant function (e.g. audit, tax, consulting)	Details of Change Joined (Year)	

12. Particulars of Chartered Accountants Employed / Paid Assistant or Consultants as on (last date of block period of peer review):

Name (s)	Membership no.	Association with the practice unit (in years)	Experience (in years)
		·	

13. Details of Other Employees as on (last date of block period of peer review):

Particulars	Number
(a) Semi-Qualified Assistants	
(b) Articled Assistants	
(c) Administrative Staff	
(d) Others	

14. If the PU has any branch offices, furnish the following details of member in charge and number of staff:

S.No	Member in Charge	No. of staff	Membership No	Address	Whether assurance services rendered
1					
2					
3					

15. (i). How is the control procedure followed by the Branch/es?

(ii).	And whether	any periodic	sample testing	of clients	handled by	branch/es is	done by HO?
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16. Gross receipts of the Practice Unit [both H.O. and branch(es)] as per books of accounts from assurance functions for the period under review. In case of centralized billing the branch turnover may be added with HO, otherwise separate figures (Rs. in Lakhs) to be given:

Financial Year	Head Office	Branch 1	Branch 2	Branch 3

OR

Total Gross receipts of the Practice Unit [both H.O. and branch(es)] as per books of accounts for the period under review. In case of centralized billing the branch turnover may be added with HO otherwise separate figures (Rs. in Lakhs) to be given:

Financial Year	Head Office	Branch 1	Branch 2	Branch 3

17. Concentration: Furnish receipts:	details where professional f	ees from any client exceed	15% of the PU's total gross
Name or code number of the Client	Type of Service (Assurance / Non Assurance)	% of PU's total gross receipts	Financial Year
 ☐ Yes ☐ No 19. Has the PU been subject ☐ Yes ☐ No 20. Whether any Partner/Empast 3 years in any capacity 			sciplinary Committee in the
Name of Partner/Employee	Membership No.	Case No.	Whether found guilty YES/NO
21. Whether any client obtain Yes □ No 22. Please provide details o under review, financial year wise details):	f assurance clients where re	eport/certificate has been <u>si</u>	·

ANNEXURE A

Note: The clients obtained through <u>tender</u> may please be marked with the word tender in bracket.

Sr. No.	Category of Client (Name or code of client)	Name of Branch/HO of PU	Name of Signing Partner	Type Enga	of geme	nt*	Whether Engagement Quality review done?	Turn over Rs. Lakhs	Borrowing Rs. Lakhs	Net worth Rs. Lakhs
				FY	FY	FY				
Α	Any Bank	or Insurance	Company	1	1	1				T
A1							Yes			
A2							Yes			
A3							Yes			
В	Non Bank	ing Financia	Compani	es hav	ving p	ublic	deposits of Rs.	100 cror	e or above.	
B1							Yes			
B2							Yes			
В3							Yes			
C					_		entral Coopera eding Rs.5 cror		ieties having	
C1							Yes			
C2							Yes			
C3							Yes			
D	•	which is list e Requireme					ined under SE	BI (Listi	ng Obligatio	ns and
D1							Yes			
D2							Yes			
D3							Yes			
E	Asset Man	agement Co	mpanies o	r Muti	ual Fu	nds.				
E1							Yes			
E2							Yes			
E3							Yes			
F	Entities pr	eparing the f	inancial s	tatem	ents a	s per l	nd AS.		•	
F1							Yes			
F2							Yes			
F3							Yes			
G	Any Body	corporate in	cluding tr	usts w	hich a	re co	vered under pu	blic inte	rest entities.	

List of Entities

G1	Listed ent	ities						
G1								
G2								
G3								
Н					ks or financial Iring the peric			vay of
H1								
H2								
НЗ								
I	Entities w Rs.50 cro				State Governn	nent(s) s	chemes of	over
11								
12								
13								
J	Entities ha				s rupees or ha	ving tur	nover of R	s.250
J1								
J2								
J3								
K	Any other							
K1								
K2								
K3								

Note: Type of assurance service engagements include Central Statutory Audit, Statutory Audit, Tax Audit, GST Audit, Internal Audit, Certification work but does not include:

- i. Management consultancy Engagements;
- ii. Representation before various authorities;
- iii. Engagements to prepare tax return or advising clients in taxation matter;
- iv. Engagements for the compilation of financial statement;

^{*}Type of engagement (1) Central Statutory Audit (CSA), (2) Statutory Audit (SA), (3) Tax Audit (TA), (4) Internal Audit (IA), (5) Others (Concurrent, GST, certification work etc.)

S.No.	Policies and Procedures	REMARKS/YES/NO/NA
d)	Whether checklist of relevant Laws/Rules including those related with Accountancy & audit is shared with the engagement team?	N/A
e)	Whether industry briefing about nature, structure & vertical, and important points from previous year audit summary memorandum are provided to team during planning of the engagement?	N/A
f)	Any other (pls. specify)	N/A
2.	Does the PU conduct pre-assignment meeting with the clients, liaison office etc. to understand the preparedness of the client to start the professional functions.	N/A
3.	Does the PU prepare and document Audit Summary Memorandum to provide the history of the planned risks, the audit procedures which mitigated the risk, conclusions on controls etc.?	N/A
4.	Does the PU prepare standardized forms, checklists and questionnaires used in performance engagements?	N/A
5.	Does the team leader/Engagement Partner keep a track of the audit findings, other significant issues at various stages of the engagement (including disposal/discussion with the TCWG)?	N/A
6.	How does the PU ensure that	
i)	the qualified team members review the work performed by other team members on a timely basis?	N/A

S.No.	Policies and Procedures	REMARKS/YES/NO/NA	
(ii)	Is there any document maintained by the PU for the supervision of work performed?	N/A	
7.	What is the mode for maintaining the working papers? Electronic mode or in physical form or in a hybrid manner?	Not specified	
8.	What tool does the PU use for maintaining the working in electronic form?	Not specified	
9.	Which of the following procedures does the PU have in place to maintain confidentiality, safe custody, integrity, accessibility and retrievability of engagement documentation:		
(i)	Documenting when and by whom the engagement documentation was prepared and reviewed	N/A	
(ii)	Protecting integrity of information at all stages of engagement especially when the information was shared through electronic means	N/A	
(iii)	Preventing unauthorized changes in engagement documentation	N/A	
(iv)	Allowing access to engagement documentation by engagement team and other authorized parties only	N/A	
(v)	Enabling confidential storage of hardcopies of engagement documentation	N/A	
(vi)	Requiring use of passwords by engagement team members and data encryption to restrict access to electronic engagement documentation to authorized users	N/A	

S.No	Policies and Procedures	REMARKS/YES/NO/NA	
(vii)	Maintaining appropriate backup routines at appropriate stages during the engagement	N/A	
(viii)	Enabling the scanned copies to be retrieved and printed by authorized personnel	N/A	
10.	Which procedures does the PU follow to ensure that it maintains engagement documentation for a period of time sufficient to meet the needs of the firm, professional standards, laws and regulations:		
(i)	For how many years the PU maintains engagement documentation?	Not specified years	
(ii)	How does the PU enable retrieval of, and access to engagement documentation during the retention period in case of electronic documentation as the underlying technology may be upgraded or changed overtime		
(iii)	Does the PU ensure that, record of changes made to engagement documentation after assembly of files has been completed?	N/A	
(iv)	Does the PU ensure that only authorized external parties access and review specific engagement documentation for QC or other purposes?	N/A	
11.	Does the PU have the policy for documenting the issue requiring consultation, including any decisions that were taken, the basis for those decisions and how they were implemented?	N/A	

S.No.	Policies and Procedures	REMARKS/YES/NO/NA	
12.	Who resolves with the differences of professional judgement among members of the engagement team?	Not specified	
13.	Is there a formally designed an escalation matrix, in case the differences are not resolved at certain level?	N/A	
14.	Are the conclusions reached properly documented?	N/A	
15.	What happens if the members of the team continue to disagree with the resolution?		
16.	When does the PU release the report in cases where differences in opinion exist?		
17.	Does the PU have a policy of having engagement quality review conducted for all audit of financial statements of listed entities?	N/A	
18.	Which of the criteria does the PU have in place for carrying out the engagement QC review for its engagements (other than covered above):		
(i)	Certain class of engagements (mention the class)	Not specified	
(ii)	Risks in an engagement (mention type/level)	Not specified	
(iii)	Unusual circumstances (mention the particular circumstance)	Not specified	
(iv)	Required by law or regulation (quote the law/regulation)	Not specified	
(i) (ii)	carrying out the engagement QC review for its engagements (other than covered above): Certain class of engagements (mention the class) Risks in an engagement (mention type/level) Unusual circumstances (mention the particular circumstance)	Not specified Not specified	

S.No	Policies and Procedures	REMARKS/YES/NO/NA
(v)	Any other like size (pls. elaborate)	
19.	Which of the following procedures are followed by the PU for addressing the nature, timing, extent, and documentation of engagement QC review:	
(i)	Discuss significant accounting, auditing and financial reporting issues with the engagement partner	
(ii)	Discuss with the EP the engagement team's identification and audit of high risk assertions and transactions	
(iii)	Confirm with the EP that there are no significant unresolved issues	
(iv)	Read the financial statements and the report and consider whether the report is appropriate	
(v)	The procedures required by the firm's policies on engagement QC review have been performed	
(vi)	The engagement QC review has been completed before the report is released	
(vii)	Resolving conflict between the engagement partner and the engagement QC reviewer regarding significant matters	
20.	Which of the following are the PU's established criteria for eligibility of 'Engagement Quality Assurance Reviewers':	
(i)	Selected by QC partner or the Managing Partner	

S.No.	Policies and Procedures	REMARKS/YES/NO/NA
(ii)	Has technical expertise and experience	
(iii)	Carries out the responsibilities with objectivity and due professional care without regard to relative positions	
(iv)	Meets the independence requirements relating to engagement reviewed	
(v)	Does not participate in the performance of the engagement except when consulted by the engagement partner	
(vi)	Any other (Pls. specify)	

PART B (VI) Monitoring

S.No.	Policies and Procedures	Remarks/Yes/No/Na
1.(i)	Does the PU have Policies and Procedures to confirm on the adequacy and relevance of Quality Control procedures adopted?	
1.(ii)	If yes, what document is in place to establish the procedure	
2.	Who is responsible to evaluate the Quality and Control policies and procedures to ensure the relevance, adequacy, effectiveness and appropriateness with current trends?	
3.	How frequently are the processes and the procedures related to QC revised?	
4.	When was the last revision to the Quality Control policies and procedures carried out?	
5.(i)	Did the PU follow ongoing consideration and evaluation system of quality controls?	
5.(ii)	If yes, what document is in place to establish the same	

S.No	Policies and Procedures	Ren	narks/Yes/No/Na
6.	Which of the following monitoring pro PU has in place for QC:	cedure, the	
(i)	Designated partner/(s) for performing annu	al inspection	
(ii)	Deciding how long to retain detailed inspe documentation	etion	
(iii)	Reviewing correspondence regarding con independence, integrity and objectivity mat acceptance and continuance decisions		
(iiii)	Preparing summary inspection report for the sets forth any recommended changes that made to the firm's policies and procedures	should be	
(iiiii)	Reviewing and evaluating Firm practice ai audit programs, forms, checklists and conthey are up to date relevant		
(iiiiii)	Reviewing summary of CPED records of fir professional personnel	ms	
(iiiiiii)	Reviewing other administrative and personnel records pertaining to QC elements		
(iiiiiiii)	Soliciting information on the effectiveness programs from the Firm's personnel	of training	
(ix)	Any other (Pls. elaborate)		

Signature

Name of Proprietor/Partner/ individual Practicing in own name:

Membership No. of the Signatory

PART C

Scores obtained by self-evaluation using AQMMv1.0

[Mandatory Applicable w.e.f 1st April 2023 for Practice units conducting statutory audit of listed entities (other than branches of banks and Insurance companies) and recommendatory for other Practice Units]

PART C - Section 1: Practice Management – Operation

Competency Basis		Score Basis	Max Scores	Scores obtained			
1.	1.1 Practice Areas of the Firm						
I	Revenue from audit and assurance services	(i) 50% to 75% – 5 Points (ii) Above 75% – 8 Points	8	5			
ii	Does the firm have a vision and mission statement? Does it address Forward looking practice statements/Plans?	For Yes – 4 Points For No – 0 Point	4	0			
	Total		12	0			

Competency Basis		Max Scores	Scores obtained		
1.2 Work Flow - Practice Manuals					
Presence of Audit manuals containing the firm's methodology that ensures compliance with auditing standards and implementation thereof.	For Yes - 8 Points For No – 0 Point	8	0		
Availability of standard formats relevant for audit quality like: - LOE - Representation letter - Significant working papers - Reports and implementation thereof	For Yes - 8 Points For No – 0 Point	8	8		
	Work Flow - Practice Manuals Presence of Audit manuals containing the firm's methodology that ensures compliance with auditing standards and implementation thereof. Availability of standard formats relevant for audit quality like: - LOE - Representation letter - Significant working papers	Work Flow - Practice Manuals Presence of Audit manuals containing the firm's methodology that ensures compliance with auditing standards and implementation thereof. For Yes – 8 Points For No – 0 Point Availability of standard formats relevant for audit quality like: - LOE - Representation letter - Significant working papers For No – 0 Point	Work Flow - Practice Manuals Presence of Audit manuals containing the firm's methodology that ensures compliance with auditing standards and implementation thereof. For Yes -8 Points For No - 0 Point Availability of standard formats relevant for audit quality like: - LOE - Representation letter - Significant working papers Basis Scores 8 For Yes -8 Points For No - 0 Point 7 For No - 0 Point		