

ALL PRACTICING MEMBERS OF THE INSTITUTE

**TO SEEK COMMENTS ON THE PROPOSED FORM FOR THE
LIST OF AUDIT ENGAGEMENTS**

Dear Member,

The Quality Assurance Board in its 12th meeting held on March 7, 2008 has decided to seek members' comments on the proposed form for the list of audit engagements, as required by the following paragraph 5.4 of the QCR Framework:-

“Every firm engaged in the audit practice is required to submit to the PSC&E department a list of audit engagements on the prescribed format as of June 30 each year (to be submitted within 3 months after June 30), and as and when required by the PSC&E department as per Council Directive 4.13. The list should specify listed and other audit engagements separately for all office locations of the firm and audit engagement partners.”

Consequently, I am pleased to enclose herewith draft of the proposed form for your comments. Members are requested to send their comments, if any, on the proposed form on or before May 31, 2008. Comments would be more helpful if they indicate the specific column number to which they relate.

If no comments are received by the above date, it would be assumed that you have agreed to the contents of the subject form.

Thanking you.

Yours truly,



Muhammad Asif Iqbal
Director
Professional Standards Compliance & Evaluation

INSTITUTE OF CHARTERED ACCOUNTANTS OF PAKISTAN.
LIST OF AUDIT ENGAGEMENTS AS OF _____ **(Day)** _____ **(Month)** _____ **(Year).**
 [Prescribed Under Framework of Quality Control Review (QCR) Program, Paragraph No. 5.4]
NAME OF THE FIRM: _____



(Confidential - For Use of PSC&E Only)

1	2	3	4	5	6	7		8		9		10		11	12	13	14	15	16	
Engagement No.	Detail of Audit Engagements	Name of Engagement Partner	Engagement Partner Involved in Audit of Client Since (Year)	Total Strength of Firm's Audit Staff	Audit with the Firm Since (Year)	Has Firm Ever Issued Qualified Report?		Is there Any Other Engagement of the Client with the Firm or its Affiliate(s)		Other Than Listed, Has Consent of the Client been Obtained?		If Engagement was Selected during last QCR, were any Recommendations made?		Latest Audit Report Issued for the Year Ended	EQUITY - Thousand Rupees	Total Assets - Rupees in Thousand	Turnover- Rupees in Thousand	Profit / (Loss)- Rupees in Thousand	REMARKS (Including any Notable/ Material Subsequent Event)	
						Y	N	Y	N	Y	N	Y	N							
	City - 1 (Listed Companies / Scrips) :																			
1	Client - 1																			
2	Client - 2																			
3	Client - 3																			
	City - 1 (Un-listed PLCs/ Pvt. Ltd./ Others) :																			
4	Client - 1																			
5	Client - 2																			
6	Client - 3																			
	City - 2 (Listed Companies / Scrips) :																			
7	Client - 1																			
8	Client - 2																			
9	Client - 3																			
	City - 2 (Un-listed PLCs/ Pvt. Ltd./ Others) :																			
10	Client - 1																			
11	Client - 2																			
12	Client - 3																			
	City - 3 (Listed Companies / Scrips) :																			
13	Client - 1																			
14	Client - 2																			
15	Client - 3																			
	City - 3 (Un-listed PLCs/ Pvt. Ltd./ Others) :																			
16	Client - 1																			
17	Client - 2																			
18	Client - 3																			
	City - 4 (Listed Companies / Scrips) :																			
19	Client - 1																			
20	Client - 2																			
21	Client - 3																			
	City - 4 (Un-listed PLCs/ Pvt. Ltd./ Others) :																			
22	Client - 1																			
23	Client - 2																			
24	Client - 3																			

- NOTES:**
- 1 Please Use additional sheets wherever required for different Cities / Locations / Class of Clients or Remarks.
 - 2 If this list is prepared by different persons at different Cities, verification should be done by the preparer.
 - 3 This list may be prepared by any authorised officer of the Firm.
 - 4 Equity includes all Reserves, except 'Redeemable Capital'.

	FOR ICAP-PSC&R USE ONLY	VERIFICATION
Receiver's Signature		The above information is updated, correct and true to the best of my knowledge and belief and is being issued after obtaining due authorization required.
Receiver's Name		Preparer's Signature & Firm,s Stamp:
Designation		Preparer's Name:
Date		Designation:
Place		Date:
		Place