



CA/DPSC&E/Circular-8/2008

September 12, 2008

ALL PRACTICING MEMBERS OF THE INSTITUTE

Dear Member,

Form for the List of Audit Engagements

It would be recalled that in May 2008 vide DPSC Circular No. 4 dated May 6, 2008, the Institute circulated a proposed form for the list of audit engagements, as required by the paragraph 5.4 of the QCR Framework for members comments. Discussions were also held during the Roundtable meetings conducted at Karachi, Lahore and Islamabad in this regard.

The Quality Assurance Board (QAB) in its 14th meeting held on August 22, 2008, considered the comments and feedback received from the members and firms. After due considerations, the QAB has approved the form for list of audit engagements for issuance.

The approved form for the list of audit engagements is enclosed and shall be applicable with immediate effect.

Members are requested to fill this form and return back to the Director Professional Standards Compliance and Evaluation on yearly basis as of June 30 each year (to be submitted on or before September 30th) as required by paragraph 5.4 of the QCR Framework.

Please do not hesitate to contact the undersigned for further clarification or information

Thanking you.

Yours truly,

Zulfiqar Ali Sheikh

Senior Manager Professional Standards Compliance & Evaluation

Encl. As above.

(Established under the Chartered Accountants Ordinance, 1961-X of 1961)

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:

(For PSC&E use only) Any other Service(s)
Provided during the
YE? (See Note) Consent Obtained (For other than-listed only)? Last audit report Modified or Not? (For Listed Companies Only) Audit Eng. Engagement No. Latest Audit Status of Client (Tick Appropriate Column) Report Issued for Yrs.) the Year ESE N Ν Υ REMARKS (Including any Notable/ Material Subsequent Event) **Detail of Audit Engagements** Name of Engagement Partner Ended 1 8 Office - 1 Office - 2 Office - 3 For ICAP Use Only VERIFICATION 1 Please use additional sheets wherever required for different The above information is updated, correct and true to the best of my knowledge and belief Cities / Locations / Class of Clients or Remarks. and is being issued with due authorization. 2 If this list is prepared by different persons at different Cities, Receiver's Signature and Partner's Name, Signature & Firm's Stamp: verification should be done by the preparer. Stamp This list may be prepared by any authorised officer of the Firm. Any Other Service(s) (Column 6) do not include 'Review Engagement' for Receiver's Name Compliance with the Code of Corporate Governance. Designation Designation: Date Date: Place Place QCR PSC&E Form-001