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| MALTA FINANCIAL SERVICES AUTHORITY |
| **Authorisation Forms** |
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| **Form AA47: Fourth Schedule - Application for Audit Firms to act as an Approved Auditor**  |
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| **High Level Guidelines** |
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| 1. General

This form, Form **AA47:** **Fourth Schedule Application for Audit Firms to act as Approved Auditor** (‘Application’), shall be duly filled in by an audit firm to act as approved auditor in accordance to regulations issued under the Insurance Business Act, 1998 (“the Act”). In this respect, the Applicant shall to the best of their knowledge, provide information, which is truthful, accurate and complete. The Applicant shall notify the MFSA immediately if the information provided changes in any respect either prior to or subsequent to authorisation. The Applicant shall note that it is a criminal offence, under Article67(2)(a) of the Act, to furnish information or to make a statement which one knows to be inaccurate, false or misleading in any material respect, or to recklessly furnish information or to make a statement which is inaccurate, false or misleading in any material respect, pursuant to any of the provisions of this Act or of any Regulations made or of any Rules issued thereunder, or any condition, obligation, requirement, directive or order made or given as aforesaid.The Applicant is required to make reference, and where applicable comply with, the Act, the Regulations made, or Rules issued thereunder during the completion of the Application. The Applicant shall also refer to the respective National and/or European Regulatory Frameworks or other binding regulation as may be applicable.The Applicant shall not tamper with, or modify in any manner, this Application or its respective Annexes. Should it transpire that the documents were tampered with, or modified in any manner, the Authority shall consider the Application to be invalid. Any potential improvements should be communicated to the MFSA for consideration.The Authority may at its sole discretion request from the Applicant further information/ documentation.1. Definitions

For the purposes of this Application, the definitions identified below should be read in conjunction with the provisions of the Act and any other law administered by the Authority for the time being in force in Malta.In the event that any of the definitions contained hereunder conflict with a definition under the Act, the definitions set out in the Act or in any other such law shall prevail, unless otherwise specified herein.

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| **‘Act’** | means the Insurance Business Act (Chapter 403 of the Laws of Malta)  |
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| **‘Applicant’** | means any person applying to obtain authorisation in accordance with Chapter 4 of the Insurance Business rules issued under the Act |
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| **‘Authority’** | means the Malta Financial Services Authority established by the Malta Financial Services Authority Act (Chapter 330 of the Laws of Malta) |
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| **‘Primary Business Address’** | shall for the purpose of this Application, mean the Applicant’s head office / operational address  |
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| **‘Regulatory framework’** | means the respective National and/or European Regulatory Frameworks or other binding regulation, as may be applicable |
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1. Instructions

The Applicant is required to complete all the respective sections within this Application accordingly.Applicants are to note that further instructions in relation to the Application may be found on the Guidelines to the Authorisation Forms ([link](https://www.mfsa.mt/wp-content/uploads/2021/05/AG01-Applications-Guidelines.pdf)). It is noted that the Application should reflect the Applicant’s structure and method of operations at time of authorisation.Following submission of the Application via the LH Portal, the Declaration Form should be either printed and sent, originally signed in wet ink, to the Authority or signed electronically in line with the circular issued on the 15th November 2022. In the printed Declaration Form, the Applicant is reminded to enter the Application ID, which is provided automatically through the LH Portal upon on-line submission of the Application. It is to be noted that only this Declaration Form should be sent physically to the Authority (unless signed electronically). Further instructions can be found in the Declaration Form itself.In order for the Application to be considered complete, the Applicant is required to have submitted, along with a duly filled Application, all the required documentation as identified within this Application.1. Privacy Notice

The MFSA ensures that any processing of personal data is conducted in accordance with Regulation (EU) 2016/679 (General Data Protection Regulation), the Data Protection Act (Chapter 586 of the Laws of Malta) and any other relevant European Union and national law. For further details, you may refer to the MFSA Privacy Notice available on the MFSA webpage <https://www.mfsa.mt/privacy-notice/>. 1. Disclaimer

It is noted that the submission of this Application and/or its determination of ‘completeness’ shall not be construed as a granting of Authorisation by the MFSA. Furthermore, the Applicant is referred to Article 4(A) of the MFSA Act, wherein the granting of an Authorisation is a concession and a revocable privilege, and no holder thereof shall be deemed to have acquired any vested rights therein or thereunder. |

| 1. Applicant Details
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|  | **Applicant – Audit Firm Details**  |
|  | **Identification**  |
|  | Name of Audit Firm | Enter text |
|  | Name of partners/directors | Enter text |
|  | **Registration***under the Accountancy Profession Act (Cap 281)* |
|  | Date of Registration | Enter date |  | Registration Number | Enter text |
|  | **Overseas Relations** |
|  | Status | Select item |
|  | Name of Firm | Enter text |
|  | Principle overseas liaison office | Enter text |
|  | **Address of Overseas Principal Liaison Office** |
|  | Number/Name | Enter text |  | Street/Road | Enter text |
|  | City/Town/Village | Enter text |  | Region/State*(if applicable)* | Enter text |
|  | Post Code | Enter text |  | Country | Select country |
|  | Overseas Business Email Address | Enter text |  | Overseas Business Direct Number | Enter text |
|  | **Holder/s of authorisation to act as approved auditor** |
|  | **Proposed individuals selected to audit the accounts for and on behalf of the applicant** |
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| **Details of proposed individual/s who will be auditing insurance accounts** |
| Name | Enter text |
| Surname | Enter text |
| Warrant number | Enter text |
| Date of issue of warrant | Enter date |
| Status of holder | Select item |
| PQ Code of Proposed individuals | Enter text |
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|  | **Addresses** |
|  | **Primary Business Address** |
|  | Details of the address from where Business will be conducted. |
| Enter text |
|  | Number/Name | Enter text |  | Street/Road | Enter text |
|  | City/Town/Village | Enter text |  | Post Code | Enter text |
|  | Business Email Address | Enter text |  | Business Direct Number | Enter text |

| 1. Business Activity
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|  | **Proposed Activity** |
|  | Identify what auditing of accounts will be undertaken | Select item |

| 1. Prudential
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|  | **Insurance Arrangements** |
|  | **Professional Indemnity Insurance** |
|  | Confirm that the indemnity policy is/will be in line with the requirements set out in section 4.6 of Chapter 4 of the insurance rules | Select item |
|  | Professional Indemnity Insurance Status | Select item |
|  | Cover *(limit of indemnity per claim)* | € Enter text |
|  | Cover *(limit of indemnity in aggregate)* | € Enter text |
|  | Excess *(overall annual limit)* | € Enter text |
|  | Cover Start Date | Enter date |  | Cover End Date | Enter date |
|  | Will the Professional Indemnity Insurance Policy be governed by Maltese Law? | Select item |
|  | If ‘*No*’: Indicate country governing law | Enter text |

| **Declaration Form** |
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| *Following submission of the Application, this Declaration Form should be printed, originally signed, and sent to the attention of* ***Authorisations, Insurance and Pensions Supervision, MFSA***, unless it is electronically signed*. It is to be noted that only this form should be sent physically to the Authority and that should the Applicant submit the entire Application, only the version submitted via the LH Portal shall be maintained and used for the purposes of the MFSA’s authorisation processes.**This Declaration Form should be signed by the Applicant.* |
| The undersigned declare that:This application is for the issue of an authorisation to act as approved auditor under the Insurance Business Act, 1998. An application for authorisation fee in terms of the Insurance Business (Fees) Regulations, 2014, is made by Select item Enter text.By signing this declaration below, it is also hereby confirmed that the proposed individuals listed under section 1.3 of this application are not in any way involved in the accounting process of the companies they will be auditing.**By signing this declaration below, I hereby confirm;**1. Application Submission and Authorisation Requirements
	1. the Applicant has resolved to apply for authorisation with the MFSA for the activities provided for within this Application;
	2. the Applicant has duly authorised the undersigned to complete and submit this Application to the MFSA;
	3. the Applicant is aware of the requirements under the provisions of the Act and other respective national or European Regulatory Frameworks or other binding regulation as may be applicable; and
	4. the Applicant shall at time of authorisation, should this be granted, be in adherence with the obligations stipulated under point 1 (c) above.
2. Information Provided to Authority
	1. the information given in answer to the questions within the Application is complete and accurate to the best of the Applicant’s knowledge, information and belief and that there are no other facts relevant to this Application of which the Authority should be aware;
	2. the Applicant has not tampered with, or modified in any manner, this Application or its respective Annexes, and understands that such tampering with, or modification in any manner of these documents will result in a refusal of this Application;
	3. the MFSA will be notified immediately if the information given in answer to the questions within the Application changes and/or affects the completeness or accuracy of the Application either prior to or subsequent to authorisation should this be granted; and
	4. this Declaration Form corresponds to the Application submitted to the Authority via the LH Portal bearing the following ID:

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| **Application ID***This ID is provided automatically by the MFSA through the LH Portal and is not required for the on-line submission of the Application. In this respect, following submission of this Application via the LH Portal the Application ID will be available on the submission page and also within the acknowledgement email.*  | Enter text |

* 1. the following documentation as indicated in the below have been submitted together with this Application:

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| Checklist of Documentation to be Submitted with the Application |
|  | Application Fee | Select item |
|  |  Evidence to confirm that the firm is a member or correspondent of an international firm of accountants | Select item |
|  | Evidence that the individuals listed under section 1.3 of this application form have successfully completed a course on the insurance undertakings accounts and/or the audit of insurance undertakings accounts organised by a local or foreign firm, body or institution recognised by the competent authority | Select item |
|  | Personal Questionnaire/s | Enter number of submissions |
|  |  Quotation of a policy of professional indemnity insurance which should conform with the requirements of this Chapter | Select item |

1. Representatives and Disclosure
	1. the MFSA is hereby being authorised to contact the representatives provided by the Applicant under Section 1 of this Application;
	2. the MFSA is hereby being authorised to make such enquiries as it may consider necessary in connection with this Application; and
	3. the MFSA is hereby being authorised to contact any or all of the above-named or any other person considered by the Authority to be relevant, both at the date of application and at any time in the future unless and until I/we rescind this authority in writing.
2. Privacy Notice
	1. I/we have read and understood the [MFSA Privacy Notice](https://www.mfsa.mt/privacy-notice/)[[1]](#footnote-2) and the terms and conditions included therein.
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| Signature |  |  |
| Name  | Enter text | Surname | Enter text |
| Date  | Enter date |

1. For further information visit: <https://www.mfsa.mt/privacy-notice/> [↑](#footnote-ref-2)