

Date assigned to PICPA: _____

Assigned to Verifier: _____

Date submitted back to BOA: _____

A. Background Information

1. Name of CPA in public practice to be visited _____

2. No. of years in practice _____ Name of Partnership's/Affiliation _____

3. No. of professional staff 3.1 CPAs _____ 3.2 Non-CPAs _____

4. Name of Managers / Supervisor _____

5. No. of staff auditors _____

6. No. of administrative staff _____

7. No. of audit opinions issued last year for the period _____ to _____ : _____

8. Estimate of Professional fee allocation for the period _____ to _____

Service

% of Fees

7.1 Audit

7.2 Tax

7.3 Consulting

7.4 Others

TOTAL

100%

9. Computer software in use

TYPE

DESCRIPTION

9.1 Office

9.2 Audit Methodology

9.3 Account Management

7.4 Others

10. Office equipment (check if available & indicate number of equipment & description)

10.1 Computers

10.2 Printers

10.3 Projectors

10.4 Photocopy

10.5 Others

11. Knowledge base / research / sources (check if available & indicate description)

DESCRIPTION

11.1 Electronic

11.2 Publications

12. Quality / Risk Management Manual (Description of manual & name quality / risk officer in charge) (use separate sheet)

13. Results of random interview with _____ ; (use separate sheet, if necessary)

14. Training (Indicate details of training for partner / staff for the period _____ to _____)

Name of Training

No. of partners / staff trained

No. of hours of training

Conducted by

B. Results of Office Verification

1. Address of principal office _____

2. Address of branch / extension office _____

3. Area of office space (in square meters) _____

4. Description and sketch / diagram of principal office _____

5. Description of filing and storage location of working papers _____

6. Description of filing and storage of working papers _____

7. Business Permit No. _____

8. TIN / Accreditation ## SEC / BIR / CDA / BSP _____

9. Inspected by: _____

10. Date of Inspection and Inclusive time _____

11. Remarks (use additional sheet) _____

12. Attach picture of principal office _____

Applicant's Signature

Additional Requirements:

1. picture of working area
2. picture of working area with yourself in the photo
3. picture of storage area
4. vicinity map (google)
5. layout of principal office