



APPENDIX 1

APPLICATION FORM FOR APPOINTMENT OF EXTERNAL AUDITOR

This form is to be duly completed as accurate and concise as possible and to be returned to:

Head of Takaful/Insurance
Regulatory & Supervision Department
Autoriti Monetari Brunei Darussalam
Level 7, Ministry of Finance Building,
Commonwealth Drive, BB3910
Brunei Darussalam

1. Name of Insurance Company / Takaful Operator

2. Appointment for financial year ending

[e.g. 31 Dec 201x]

3. Date of Annual General Meeting (for locally incorporated only)

4. Particulars of the Audit Firm

Name	
Firm Contact No.	
Address	
Appointed as auditor of the insurer since	[financial year]

5. If new appointment, please state reason(s) for change of audit firm

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6. Particulars of engagement and concurring partners

	Engagement partner	Concurring partner
Name		
Audit Licence No.		
Identity card No.		
Contact No.		
E-mail		

i. **Engagement partner** since [financial year] _____

New appointment

11

Reappointment

11/11/2019

If new appointment, please state reason(s) for change of engagement partner:

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ii. **Concurring partner** since [financial year] _____

New appointment

Reappointment

11

7. Additional information to be enclosed with application:

- a) Extract of board minutes endorsing the proposed appointment / reappointment of the audit firm and confirming that the board is satisfied that the auditor has met the criteria for appointment as specified by the Ministry of Finance and Autoriti Monetari Brunei Darussalam
- b) Curriculum vitae of the engagement and concurring partners
- c) Statutory declaration by the engagement partner (**Attachment II**)
- d) Resolution from Audit Committee (for incumbent auditors)

Date _____

Signature

Name

Managing Director / Director / Chief Executive Officer / Principal Officer

STATUTORY DECLARATION BY ENGAGEMENT PARTNER OF AUDIT FIRM

I, [name of engagement partner (Audit Licence Number)], of [name of audit firm (Firm's Number)], [I.C. No.], being the partner primarily responsible for the audit engagement, do solemnly and sincerely declare that:

(A) I qualify under section 59(5) of the Insurance Order, 2006 or section 60(5) of the Takaful Order, 2008 and I am not disqualified under section 132 of the Companies Act, Chapter 89 from being appointed as an auditor for [name of Insurance Company / Takaful Operator / Insurance or Takaful Broker] as:-

- (i) I am an approved auditor;
- (ii) I am not a director, controller, officer or agent of [name of Insurance Company / Takaful Operator / Insurance or Takaful Broker]
- (iii) I have not acquire a financial or proprietary interest in [name of Insurance Company / Takaful Operator / Insurance or Takaful Broker] otherwise than as a depositor;

(B) I have no relationships with, or interests in, [name of Insurance Company / Takaful Operator / Insurance or Takaful Broker] or any other entity that is likely to impair my objectivity or independence, and which cannot be reduced to an acceptable level through the application of appropriate safeguards.

AND I MAKE THIS SOLEMN DECLARATION CONSCIENTIOUSLY BELIEVING THE SAME TO BE TRUE.

SUBSCRIBED AND SOLEMNLY DECLARED BY THE ABOVENAMED

AT _____
IN THE STATE OF _____
THIS DAY OF _____ **20** _____

Before me:

**(Signature of Sessions Court Judge,
 Magistrate or Commissioner for Oaths)**