



**NAME OF THE FIRM:** .....

**NBAA REGISTRATION NUMBER:** PF..... ..

**FIRM EMAIL ADDRESS:**.....

**MANDATORY AUDIT FIRM ANNUAL RETURN AS AT 31 DECEMBER 20...**

**Confirmations and Undertakings**

*If you are unable to give one or more of the following confirmations and undertakings, please strike it through and enclose a full statement explaining the position.*

- 1 I/We confirm that, if requested, the firm is willing to submit or make available to NBAA documents and records in support of answers given in this annual return.
- 2 I/We confirm that, to the best of my/our knowledge and belief, all commission, fees or other benefits have been disclosed to clients and accounted for in accordance with the NBAA Bylaws.
- 3 I/We confirm that the firm complies with the requirements of Anti-Money Laundering Act, 2006 (CAP. 423) and Anti-Money Laundering Guideline for Accountants and Auditors (2019) issued by NBAA and that the firm has a nominated officer to take responsibility for compliance.
- 4 I/we also confirm that staff/partners are provided with appropriate training, that I/we have procedures to gather and retain evidence of the identification of all clients, that I/we undertake ongoing compliance monitoring and I/we report any suspicions of money laundering as required by law.

**Audit Registration**

- 5 I/We confirm that the control of the firm is in accordance with the NBAA Practicing By-laws.
- 6 I/We confirm that the firm has made arrangements so that all partners and employees conducting audit work are, and continue to be, competent to carry out the audit work for which they are responsible or employed.
- 7 I/We confirm that the firm is a fit and proper firm to carry out audit work.
- 8 I/We confirm that the firm has notified NBAA of all changes in circumstances, and will continue to do so, in accordance with NBAA Practicing By-laws
- 9 I/We undertake that the firm will at all times comply with the NBAA Practicing By-laws
- 10 I/We confirm that training is provided to partners or employees to enable them to do audit work in compliance with all relevant International Standards on Auditing.

**Additional Sheets**

If you have provided additional information on separate sheets, please make sure that you have cross-referenced each piece of information to the relevant question.

I have attached \_\_\_\_\_ additional sheets.

**I/We confirm that, to the best of my/our knowledge and belief, the information in this annual return is complete and accurate and where estimates are given, they are made on the best available information.**

Full Name (in capitals)

Signature of Managing Partner,  
Director, Sole Practitioner,

Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Full Name (in capitals)

Signature of Senior Partner,

Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please complete this form clearly using Black Ink.**

The data provided in these sections of the Annual Return should be completed as at 30<sup>th</sup> April of each year, except where otherwise stated.

**A: Firm profile**

- A1.** Total number of staff (including partners, other audit staff and administrative staff) \_\_\_\_\_
- A2.** Total number of equity partners \_\_\_\_\_
- A3.** Total number of salary partners \_\_\_\_\_
- A4.** Total number of other audit staff \_\_\_\_\_
- A5.** Total number of part time audit staff \_\_\_\_\_
- A6.** Total number of support staff \_\_\_\_\_
- A7.** Total number of staff registered with NBAA \_\_\_\_\_

**B: Firm turnover (actual amount - please state if estimated)**

- B1.** Latest accounting reference date (DD MM YYYY) :
- B2.** If the period is less/more than 12 months, please state number of months.----- months
- B3.** Total firm turnover (actual amount) **TZS.** -----

**C: Please state your firm's income for each of the following services:**

- C1.** Audit Work (Actual amount) **TZS.** -----
- C2.** Non-Audit Work (Actual amount) **TZS.**-----
- C3.** Audit Work as percent of total income -----

**D: Code of Ethics**

- D1.** Does the firm have arrangements to ensure that all partners (including sole practitioners), employees and sub-contractors/consultants maintain the principles set out in the IFAC/NBAA Code of Ethics? Yes /No
- D2.** Do all partners, employees and sub-contractors sign annual declarations covering confidentiality, independence and fit and proper issues? Yes/ No

**D3.** If you answered ‘No’ to 1 or 2, please explain how your firm employs the safeguards set out in the Code of Ethics in order to mitigate adequately any threats to integrity, objectivity, independence and/or confidentiality.

**E:** *Professional indemnity insurance*

**E1.** When was the firm’s professional indemnity insurance (PII) last renewed?  
(DD MM YYYY)

**E2.** Are your insurance arrangements met by another firm? Yes/ No

If ‘Yes’, please state in 3 and 4 the name and firm number of the main policy holder.  
If ‘No’, please go to 5.

**E3.** Firm name \_\_\_\_\_

**E4.** Firm number \_\_\_\_\_

**E5.** Firm policy number \_\_\_\_\_

**E6.** Sum insured (actual amount) **TZS.** -----

**E7.** Name and address of insurer/underwriter (not broker)

**E8.** Does your policy cover any other firms? Yes/ No

If ‘Yes’ please give details, including the firm number and name in 10 and 11. If you require more space, please attach a list.

**E9.** Connected entity or firm name \_\_\_\_\_

**E10.** Firm number (if known) \_\_\_\_\_

**F:** **Signing Powers and Clients’ Money**

**F1.** Does any individual within the firm have sole signing powers over any bank account of a client? Yes/ No

**F2.** For the past one year, did the firm handle clients' money? Yes/ No  
If 'Yes' please, answer F3, to F7 (below)

**F3.** Estimated total of clients' money received TZS-----

**F4.** Estimated maximum balance of clients' money held TZS.-----

**F5.** The total number of clients' bank accounts

**F6.** Are all clients' bank accounts under the day-to-day control of a partner? Yes/ No

**F7.** Are all clients' bank accounts reconciled at least once every three months? Yes/ No

**G: Other Information**

**G1.** Does the firm operate effective procedures to record the terms of engagement for all its clients? Yes/ No

**G2.** If 'No', please state how the firm confirms with clients the services to be provided, the basis for invoicing and their right to complain to NBAA if the firm cannot address their concerns.

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**G3.** Do all partners, including sole practitioners and staff providing auditing services, undertake CPD or other suitable training, and maintain appropriate training records, in order to fulfill their professional responsibilities and enable them to carry out their work competently? Yes/ No

**G4.** For the past one year, please confirm the number of audit reports signed by the firm \_\_\_\_\_

**G5.** Apart from partners, who other CPA-PP signed audit reports on behalf of the firm during the past one year?

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**H: Control of the Firm**

**H1.** For a firm with partnership involving foreign partner(s) indicate;

**Number of local partners** ---

**Number of foreign partners** ---

**Total number of partners** ---

**H2.** Please give the aggregate percentage of voting rights by the partner(s)/shareholders.

Local partners -----

Foreign partners -----

others\* -----

**\* Explain the voting right arrangement in a separate sheet**

**I: Number of regulated audit clients as at .....**

**I1** Companies with a full listing on the Dar-es-Salaam Stock Exchange ---

**I2.** Banks and Financial Institutions ---

**I3.** Insurance companies (but not insurance brokers) ---

**I4.** Telecommunication Companies ----

**I5.** Other regulated audit clients ----

**I6.** Sub-total for regulated audit client (I1+I2+I3+I4+I5) ----

**J: Number of non-regulated audit clients as at .....**

**J1.** Parastatals ----

**J2.** Non-Government Organizations (NGOs) ----

**J3.** Partnerships ----

**J4.** Other non-regulated audit clients ----

**J5.** Sub-total for non-regulated audit client (J1+J2+J3+J4) ----

**J6.** Grand total regulated audit and non-regulated client ----

**K: Number of Specialized Audit Clients as at .....**

- K1.** Mining Companies ----
- K2.** Gas exploration companies ----
- K3.** Oil exploration companies ----
- K4.** Other specialized audit clients ----

**L: Audit Appointment Cessations**

**L1.** During the period covered by this return, did you have cessation of any audit appointment (s) before the normal end of your term of office? Yes/ No

If 'Yes' please enclose separate sheet with this return explaining the reasons for the cessation.

**M: Audit Procedures and Compliance**

**M1.** Please confirm if your firm uses an audit software and accounts disclosure checklist which are regularly updated. Yes/ No

If you have answered 'Yes' to 1 above, please state the name of audit software you are using .....

**M2.** If you have answered 'No' to 1 above, please explain how your firm ensures that its procedures are fully compliant with International Standards on Auditing and ISQC 1, and how they are regularly updated.

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**M3.** Has the firm completed an Audit Compliance Review (ACR) during the period covered by this return? Yes/ No

**M4.** If 'No', please explain the circumstances below but do not complete the rest of this section.

**M5.** If 'Yes' please give the date of the most recent ACR. (DD MM YYYY)  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**M6.** Have you retained a record of the ACR showing the work done and the results?  
 Yes/ No

**M7.** Did your ACR include?

a. A review of whole-firm procedures Yes/ No

b. Hot files reviews Yes / No

c. Cold files reviews Yes / No

d. A thorough check on any follow-up actions arising from the previous ACR

Yes/No

**M8.** If you answered 'No' to any points in 6 or 7, please explain how your firm is addressing these requirements.

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**M9.** Did you use a commercially available ACR checklist? Yes / No

**N: Firm Information**

1	Firm name	
2	Do you use this trading name to sign audit reports?	
3	Does the firm describe itself as 'Certified Public Accountant in Public Practice'?	
4	Firm number	<b>PF</b> -----
5	Legal form of firm	



6 Office location	
7 Telephone	
8 Fax	
9 Firm's website address	
10 Name of Audit Compliance Partner	
11 Name of your money laundering officer	
12 Email address of Audit Compliance Partner	

**P: Partners**

Name	Address	Status of partner	% shareholding	Date first became a shareholder	Date shareholding ceased or changed

**Q: Details of any other country in which the firm was/is registered for audit and so entitled to audit entities incorporated in that country**

Country	Audit registration body	Registration number	Date of registration	Date registration ceased

## ANNUAL RETURN FORM – GUIDANCE NOTES

### 1. Introduction

The annual return gives the Board key information about the size and activities of your firm over the last 12 months. The annual return helps your firm to demonstrate that the firm complies with the laws, regulations, ethical and professional standards relevant to the services it provides. **Submission of Annual Return Form to NBAA is mandatory to all audit firms.**

The return is organized with the confirmations and undertakings in the first section of the form, followed by sections A to Q which requires the firm to complete fully and clearly. If your answer to any question requires further clarification please give details on the return or in a covering letter. If the Board has any queries when going through your completed annual return, it may get in touch with your firm to resolve any issues. Unless otherwise stated you should provide data in the annual return as at the date set out at the top of page 1 of the return.

Make sure that you have provided the correct and reliable email address of your firm. Template of Annual return forms should be downloaded from the NBAA's website [www.nbaa.go.tz](http://www.nbaa.go.tz)

### 2. Data Protection

The information provided by your firm on the annual return is confidential to the Board and will not make it available to any third parties. However, the Board will use your information to carry out its responsibilities as a regulator and as a professional body. If required by a court of law, NBAA will share your information with other authorities/organizations.

### 3. Confirmations and Undertakings

The confirmations and undertakings remind firms of their professional obligations to the Board when completing and submitting their annual return.

### 4. Audit Firm Information

<i>Key words or phrase</i>	<i>reference</i>	<i>Definition or guidance</i>
Total number of staff	A1	Please express figures in terms of numbers of staff excluding part time.
Total number of equity partners	A2	An equity partner is a partner in a partnership who is a part owner of the business, and is entitled to a proportion of the distributable profits or loss of the partnership
Total number of salary Partners	A3	A salary partner (or contract partner) is the one who is paid a salary but does not have any underlying ownership interest in the business and does not have a share in the distributions of the

		partnership.
Total number of other permanent audit staff	A4	An audit firm may have staff with professional qualifications other than partners and salary partners involved in audit work.
Total number of part time audit staff	A5	An audit firm may have part time staff with professional qualifications other than partners and salary partners involved in audit work.
Total firm turnover	B3	Firms should provide turnover information using the latest financial information available. For those with subsidiaries overseas please convert to Tanzania Shillings at the current rate of exchange. The source of exchange rate should be the Bank of Tanzania.
Audit work	C1	Audit work comprises of all audit work carried out by a registered audit firm for the client. Firms should provide turnover information using the latest financial information available. For those with subsidiaries overseas please convert to Tanzania Shillings at the current rate of exchange. The source of exchange rate should be the Bank of Tanzania.
Non-audit work	C2 – C3	Non-audit work comprises of all other work carried out by a registered auditor for the client which do not qualify to be audit work. Firms should provide turnover information using the latest financial information available. For those with subsidiaries overseas please convert to Tanzania Shillings at the current rate of exchange. The source of exchange rate should be the Bank of Tanzania.
The Code of Ethics	D1,	Firms need to be particularly aware of the NBAA and IFAC Code of Ethics and conduct when answering questions in this section of the annual return, especially on the section regarding Fundamental Principles; Objectivity, Confidentiality, Conflicts of Interest and Independence
Confidentiality, independence and fit and proper	D2	Firms can obtain model declaration forms from NBAA, on Fit and proper, independence and confidentiality, or they may design their own forms.
Professional indemnity insurance (PII)	E1 – E10	Compliance with the Professional Indemnity Insurance is mandatory for all audit firms as described in the practicing by-law.
PII cover	E2 – E4	Most firms will arrange their own PII cover. However, if you act as a sub-contractor to another firm, or if your firm is connected to another firm, some or all of your work may be covered by that other firm's PII.

PII policy cover	E5	Please provide details of the PII policy in place at the date of the annual return, or if you are renewing within seven days of the date of the annual return, the details of your new policy. We do not need a copy of your PII policy certificate.
Sum insured	E6	The minimum amount of required cover is specified in the NBAA Professional Indemnity Insurance by law.
Connected firm cover	E8 –E10	If you have any connected practices or other entities which are covered by a single PII policy, please list them.
Sole signing powers	F1	This question concerns access to a client’s own bank accounts which could have independence implications for any other work you perform for the client. If the answer is ‘Yes’, please provide details of the nature and extent of the signing powers in a separate sheet.
Clients’ money	F2	Clients’ money is cash of any monies which a firm holds or receives for, or from, a client other than the firm’s fees. In this section we ask you to provide a summary of clients’ money activity over the last year.
Estimated maximum balance of clients’ money held	F4	This estimated amount is the aggregate maximum balance on all client bank accounts when taken together at close of business on a given business day during the firm’s financial year.
Clients’ bank accounts	F5	A clients’ bank account is an account in the name of the firm, separate from the business accounts of the firm. It may be either be a general clients’ bank account or an account designated in the name of a specific client.
Day-to-day control of a Partner	F6	A clients’ bank account would be considered to be under the day-to-day control of a Partner if all transfers in and out of the account are authorized by a partner, and bank statements and reconciliations are regularly reviewed by a partner.
Reconciliations	F7	Clients’ bank accounts should be reconciled regularly.
Client acceptance and disengagement	G1 – G2	Refer to International Standards on Quality Control (ISQC) 1 and relevant International Standards on Audit (ISAs).
Continuing professional development (CPD)	G3	If you have questions on the CPD requirements, you should contact the Board. Your CPD should relate to the services you provide.
Audit reports	G4- G5	NBAA By-laws on practicing rules require the audit partner to sign the audit report indicating his name and the name of the audit firm. Where the partners have decided to give power of attorney to any CPA-PP to sign on their behalf they should disclose in the annual return.

Composition of partnership	H1 – H2	This section is intended to check if control of the firm is as per the NBAA By-laws.
Number of regulated audit clients	I1 – I6	This section is designed to give the Board a profile of the number of audits of regulated clients carried out by the firm.
Number of non-regulated audit clients	J1 – J6	This section is designed also to give the Board a profile of the number of audits of non-regulated clients carried out by the firm.
Number of specialized audit clients	K1 –K3	This section is designed also to give the Board a profile of the number of audits of specialized clients carried out by the firm.
Audit appointment cessations	L1	A firm may have its audit work terminated or ceased due a number of reasons. It is helpful to give the information to the Board.
Audit manual and accounts disclosure checklists	M1 – M2	The firm’s audit manual comprises of a manual of standard audit programmes and whole firm procedures. The manual should be regularly updated.
Audit compliance review (ACR)	M3 – M9	An ACR is a review of a firm’s audit procedures and methods in order to assess its compliance with professional standards and applicable legal and regulatory requirements. The ACR consists of a whole-firm review and cold/hot file reviews on individual audit files. The review can be carried out internally or externally by an other qualified person or firm of registered auditors.