Thank you for your enquiry. To enable us submit a detailed proposal, kindly fill in this enquiry form and submit to [quality@uaeiaa.org](mailto:quality@uaeiaa.org) . You can expect to receive a proposal within 2 weeks from us receiving the form.

Thank you for the opportunity provided to be able to assist you.

1. **Client Information:**

|  |  |  |
| --- | --- | --- |
| **Company name** |  | |
| **Department** |  | |
| **Industry** |  | |
| **Address** |  | |
| **Emirate of** | Choose an item. | |
| **Country** | United Arab Emirates | |
| **Is your organization a member of the UAE IAA?** | | Choose an item. |
| **If *‘NO’*, Would you like to become a member?** | | Choose an item. |

1. **Contact Information (Head of Internal Audit):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Head of IA** |  | | | |
| **Designation** |  | | | |
| **Landline** |  | **Mobile** | |  |
| **Email** |  | | | |
| **Reporting to** |  | | | |
| **Is the CAE an independent member of the UAE IAA?** | | | Choose an item. | |

1. **Additional Contact Information** (if different from the above)**:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Contact** |  | | |
| **Designation** |  | | |
| **Landline** |  | **Mobile** |  |
| **Email** |  | | |

1. **About Internal Audit Department:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Central department** |  | | | **Number of Staff** |  |
| **Location 1** (City/Country) |  | | | **Number of Staff** |  |
| **Location 2** (City/Country) |  | | | **Number of Staff** |  |
| **Location 3** (City/Country) |  | | | **Number of Staff** |  |
| **Executive Management** (City/Country) | | |  | | |
| **Locations to be reviewed** (City/Country) | | |  | | |
| **Number of IT Auditors or other Specialist auditors?** | | | |  | |
| **Percent of audit which is co-sourced/outsourced?** | | | |  | |
| **Are work-papers centrally located?** | | | | Choose an item. | |
| **Are work-papers automated?** | | | | Choose an item. | |
| **Language of documentation/work papers/audit reports?** | | | | English  Arabic  Other: Click here to enter text. | |
| **Number of audit reports released each year?** | | | |  | |
| **Types of audit usually performed?** | | Financial & Operations  Compliance  Efficiency & Economy  IT  Projects & Contracts  Fraud investigations  Continuous Auditing  Consultancy assignments  Other: Click here to enter text. | | | |
| **Any standards used for the IA process? (e.g. IIA)**  **If *‘*YES’, please list (e.g IIA, ISACA, etc).** | | | | Choose an item.  Click here to enter text. | |

1. **About the assignment:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Who is requesting this assignment?** | Choose an item.  If Other, please specify: Click here to enter text. | | |
| **Do you have an audit committee?** | | | Choose an item. |
| **Have you conducted a Readiness Review check?** | | | Choose an item. |
| **Have you undergone a prior External Quality Assessment?** | | | Choose an item. |
| **If Yes, what opinion was received** | | Choose an item. | |
| **Have you undergone a prior Self-Assessment with Independent Validation?** | | | Choose an item. |

1. **Certifications:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Standard** | **Certified** | **Certified since** | **Date of last external audit** |
| **ISO 9001** | Choose an item. | Click here to enter a date. | Click here to enter a date. |
| **ISO 14001** | Choose an item. | Click here to enter a date. | Click here to enter a date. |
| **OHSAS 18001** | Choose an item. | Click here to enter a date. | Click here to enter a date. |
| **Others** (please specify) | Choose an item. | Click here to enter a date. | Click here to enter a date. |

1. **Type of proposal:**

|  |  |
| --- | --- |
| **What type of proposal would you like to receive?** | Readiness Review  External Quality Assessment (QA)  Self-Assessment with Independent Validation (SAIV)  Consultancy |

1. **Time-frame:**

|  |  |
| --- | --- |
| **Expected time-frame for work commencement** (mmm-yyyy) |  |
| **Any specific period NOT to be considered for engagement?** |  |

1. **How did you hear about us:**

|  |  |
| --- | --- |
| Referral by Click here to enter text. | UAE IAA training |
| Last Conference conducted by UAE IAA | Other (please specify) Click here to enter text. |

Please attach your department organization chart and the department reporting line hierarchy.

|  |  |
| --- | --- |
| **Thank you,**  **The UAE Internal Auditors Association**  P.O. Box 90919  Suite 1503, API Trio Tower, Novotel  Sheikh Zayed Road, Al Barsha 1  Dubai, United Arab Emirates.  Tel.: +971 (4) 3999799  Web: www.uaeiaa.org  Email: [quality@uaeiaa.org](mailto:quality@uaeiaa.org) |  |