Thank you for your enquiry. To enable us submit a detailed proposal, kindly fill in this enquiry form and submit to 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 90919Suite 1503, API Trio Tower, NovotelSheikh Zayed Road, Al Barsha 1Dubai, United Arab Emirates.Tel.: +971 (4) 3999799Web: www.uaeiaa.orgEmail: quality@uaeiaa.org  |  |