



**Request to Renew a Non-Qatari auditing company/ office branch Registration in the Operating Auditors (companies and offices) Record**

**Dear Mr. Head of Companies Affairs Department**

I kindly seek your approval to renew my registration in the operating auditors record (of companies and offices) according to the provisions of law no. (8) of 2020 on the organization of the auditing profession, according to the following:

|                               |              |        |            |
|-------------------------------|--------------|--------|------------|
| Name of company/office:       |              |        |            |
| Name of chief auditor:        |              |        |            |
| Office's Registration number: |              |        |            |
| License number:               | valid until: | /      | /          |
| CR number:                    | valid until: | /      | /          |
| Renewal starts from:          | /            | /      | until: / / |
| Address:                      | Mobile:      | Phone: |            |
| Fax:                          | P.O box:     | Email: |            |

**The following documents are attached:**

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Renewal request letter addressed to the head of department on office's paper.   |
| <input type="checkbox"/> | A copy of commercial license.   |
| <input type="checkbox"/> | A copy of commercial registration for companies.  |
| <input type="checkbox"/> | Any other documents requested by the department.  |
| <input type="checkbox"/> | Certificates of completed programs and courses in auditing for Qatari auditors according to department's specification (for non-Qatari auditing companies and offices). |
| <input type="checkbox"/> | (.....) Q.R non-Qatari auditing office renewal fees.  |
| <input type="checkbox"/> | (.....) Q.R auditing company renewal fees.  |

|                  |                                 |
|------------------|---------------------------------|
| <b>Applicant</b> | Name: .....                     |
|                  | ID card/ passport number: ..... |
|                  | Signature: .....                |
|                  | Date: .....                     |