|  |
| --- |
| **Circumstances**This report only applies to an assurance practitioner’s agreed-upon procedures engagement on the payment processing agent’s list of mandating client business property practitioners. |

**AGREED-UPON PROCEDURES REPORT ON [INSERT THE NAME OF THE PAYMENT PROCESSING AGENTS]’S LIST OF THE MANDATING CLIENT BUSINESS PROPERTY PRACTITIONERS**

To the Practitioner/Partners/Members/Director(s)of [*insert the name of the Payment Processing Agent*] and the Property Practitioners Regulatory Authority (PPRA).

**Purpose of this Agreed-Upon Procedures Report**

Our report is solely for the purpose of assisting the PPRA in evaluating the accuracy and completeness of *[insert the name of the Payment Processing Agent]*’s list of mandating client business property practitioners for the financial year ended [*insert the date*] (as set out in Appendix A) (the subject matter) and may not be suitable for another purpose.

**Responsibility of the <*Practitioner/Partners/Members/Directors*> of the Payment Processing Agent**

The *<practitioner/partners/members/directors>* of the Payment Processing Agent and the PPRA have acknowledged that the agreed-upon procedures are appropriate for the purpose of the engagement.

The *<practitioner/partners/members/directors* of the Payment Processing Agent [is/are] responsible for the subject matter on which the agreed-upon procedures are performed.

**Assurance Practitioner’s Responsibilities**

We have conducted the agreed-upon procedures engagement in accordance with the International Standard on Related Services 4400 (Revised), *Agreed-Upon Procedures Engagements*. An agreed-upon procedures engagement involves us performing the procedures that have been agreed with the *<practitioner/partners/members/directors>* of the Payment Processing Agent; and reporting the findings, which are the factual results of the agreed-upon procedures performed. We make no representation regarding the appropriateness of the agreed-upon procedures.

This agreed-upon procedures engagement is not an assurance engagement. Accordingly, we do not express an opinion or an assurance conclusion. Had we performed additional procedures, other matters might have come to our attention that would have been reported.

**Professional Ethics and Quality Management**

We have complied with the ethical requirements of the Independent Regulatory Board for Auditors’ (IRBA) *Code of Professional Conduct for Registered Auditors* (IRBA Code). The IRBA Code is founded on fundamental principles of integrity, objectivity, professional competence and due care, confidentiality and professional behaviour; and it is consistent with the corresponding sections of the International Ethics Standards Board for Accountants’ *International Code of Ethics for Professional Accountants (including International Independence Standards)*. For the purpose of this engagement, there are no independence requirements with which we are required to comply.

Our firm applies the International Standard on Quality Management 1, *Quality Management for Firms that Perform Audits or Reviews of Financial Statements, or Other Assurance or Related Services Engagements*, which requires the firm to design, implement and operate a system of quality management, including policies or procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

**Procedures and Findings**

We have performed the procedures described below, which were agreed upon with the *<practitioner/partners/members/directors>* of the Payment Processing Agent, on the Payment Processing Agent’s list of mandating client business practitioners for the financial year ended [*insert the date*].

|  |  |  |
| --- | --- | --- |
| **No.** | **Procedure** | **Finding** |
| 1. | Obtain from [insert the name and designation] a schedule as per Appendix A (a list of mandating client business property practitioners). | We obtained from [insert the name and designation] a schedule as per Appendix A.ORWe did not obtain a schedule as per Appendix A. |
| 2. | If the list of mandating client business property practitioners is obtained as per 1 above, select the first 10 *(state the sample, if 100% of the population is less than 10)* mandating client business property practitioners from the list obtained in 1 above and perform the following procedures: | We selected the following first 10 *(state the sample, if 100% of the population is less than 10)* mandating client business property practitioners from Appendix A: |
| 2.1 | Agree the name(s) of the client business property practitioner(s) to the signed mandate(s) and the Fidelity Fund Certificate(s) (FFC(s)), and note any exceptions;  | We agreed the name(s) of the client business property practitioner(s) to the signed mandate(s) and FFC(s) and [noted no exceptions / noted the following exceptions:]*[Insert the details of the exceptions]* |
| 2.2 | Agree the company registration number of each client business property practitioner to the signed mandate and note any exceptions;  | We agreed the company registration number of each client business property practitioner to the signed mandate and [noted no exceptions / noted the following exceptions:]*[Insert the details of the exceptions]* |
| 2.3 | Agree the FFC number of the client business property practitioner to the FFC and note any exceptions; and | We agreed the FFC number of the client business property practitioner to the FFC and [noted no exceptions / noted the following exceptions:]*[Insert the details of the exceptions]* |
| 3. | Obtain a written representation from [insert the name and designation] acknowledging the completeness of the list of mandating client business property practitioners in Appendix A. | We obtained a written representation from [insert the name and designation] acknowledging the completeness of the list of mandating client business property practitioners in Appendix A. |

**Restriction on Distribution and Use**

Our report is solely for the purpose set forth in the first paragraph of this report and is intended to be used by the Partners/Members/Directors of the Payment Processing Agent and the Authority. Therefore, our report should not be used for any other purpose or be distributed to any other parties.

*Assurance practitioner’s signature*

*Name of the individual registered auditor*

*IRBA registration number of the firm and/or assurance practitioner*

*Registered audit firm*

*Date of the assurance practitioner’s report*

*Assurance practitioner’s address (if not on a firm letterhead)*

**APPENDIX A**

LIST OF THE MANDATING CLIENT BUSINESS PROPERTY PRACTITIONERS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Mandating Client Business Property Practitioner’s Name** | **Company Registration Number** | **Firm Pin Number** | **Fidelity Fund Certificate Number** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |