Guide to reports on the quality assurance review of public-interest entity audit firms





Vision

Public trust and confidence in quality auditing and accounting



Mission

Upholding quality corporate reporting and an accountable profession

Our Values



Independence



Striving to be the best we can be

Excellence

Regulating impartially and objectively

Integrity

Being trustworthy and respectful

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Introduction

A public-interest entity (PIE) is defined by the Companies Act 2014 as an entity that:

- has transferable securities admitted to trading on a regulated market of any member state;
- is a credit institution; or
- is an insurance undertaking.

Audit reform legislation¹ imposes requirements on PIEs, on audit firms that carry out statutory audits of PIEs (PIE audit firms), as well as on national competent authorities.

The Irish Auditing and Accounting Supervisory Authority (IAASA) is required to carry out direct inspection of PIE audit firms in a manner that is independent of the inspected PIE audit firm. IAASA is required to include the main findings and recommendations of the quality assurance review in a report. IAASA's recommendations must be implemented by the PIE audit firm within 12 months of the report being issued.

Each year, IAASA publishes a public report on the quality assurance review of each PIE audit firm.

More information in relation to IAASA's functions can be found on our <u>website</u>.

Purpose of this guide

This guide aims to assist readers in understanding IAASA's reports on the quality assurance review of PIE audit firms.

The guide sets out what users can expect from the quality assurance review reports and explains how the quality assurance review process drives the form and content of the reports on each quality assurance review.

Appendix 1 to this guide includes FAQs and useful links

Appendix 2 to this guide sets out an outline of quality assurance review reports.

Should you have any further queries, please contact us at info@iaasa.ie

¹ Audit reform legislation requires the designation of a competent authority in each member state. Audit reform legislation comprises EU Regulation 537/2014 and Directive 2006/43/EC of the European Parliament and of the Council of 17 May 2006 [OJ No. L 157, 9.6.2006, p.87] on statutory audits of annual accounts and consolidated accounts, amending Council Directives

^{78/660/}EEC and 83/349/EEC and repealing Council Directive 84/253/EEC, as amended by Directive 2014/56/EU of the European Parliament and of the Council of 16 April 2014 [OJ No. L 158, 27.5.2014, p.196] amending Directive 2006/43/EC on statutory audits of annual accounts and consolidated accounts. The Directive is transposed into Irish law in the Companies Act 2014.

Contents of a report on a quality assurance review

Information set out in a public quality assurance review report

AREA	INFORMATION INCLUDED				
Scope of the quality assurance review	The quality assurance review report identifies:				
assurance review	 the areas of the firm's system of quality management that IAASA reviewed 				
	- the number of audits of PIEs inspected				
	- the audit areas inspected within this sample				
Overview of findings	The quality assurance review report summarises:				
	- IAASA's findings on the firm's system of quality management				
	- The grades assigned by IAASA to the audits inspected				
Results of the quality assurance review	The quality assurance review report summarises:				
	 the procedures performed by IAASA and the overall results relating to the firm's system of quality management 				
	 the background and issue in relation to IAASA's recommendations on the firm's system of quality management 				
	 the rating, showing the significance of each of IAASA's recommendations on the firm's system of quality management 				
	 the audit areas reviewed for each audit of a PIE inspected by IAASA 				
	- the grade assigned by IAASA to each audit of a PIE inspected				
	 key recommendations arising from the inspection of audits of PIEs 				
Results of follow up procedures	The quality assurance review report discloses whether the firm has appropriately implemented IAASA's prior recommendations.				

Information that is not set out in a public quality assurance review report

Information on the following matters is not presented in the public quality assurance review report of a PIE audit firm:

- positive aspects of the PIE audit firm's system of quality management or the quality of an audit
- quality of any audit not inspected
- names of audits of PIEs inspected
- quality of the audits of non-PIEs, except insofar as they may be affected by the PIE audit firm's overall quality management system
- non-audit business of the inspected PIE audit firm except insofar as it might be affected by the PIE audit firm's overall quality management system; or
- any firm/network affiliated with the inspected PIE audit firm.

Quality assurance review explained

Purpose of a quality assurance review

The purpose of a quality assurance review is to assess the effectiveness of the PIE audit firm's system of quality management.

A quality assurance review:

- assesses the design of the firm's system of quality management;
- performs compliance testing around the implementation of the firm's procedures; and
- evaluates the quality of a sample of audits of PIEs.

Design of a quality assurance review

The assessment of the design of the system of quality management of the PIE audit firm involves inspection of the PIE audit firm's policies and procedures across 8 component areas:

- risk assessment process
- governance and leadership
- relevant ethical requirements
- acceptance and continuance of client relationships and specific engagements
- engagement performance
- resources
- information and communication
- monitoring and remediation process

International Standard on Quality Management (Ireland) 1 (ISQM 1) requires audit firms to design a system of quality management that is

tailored to the nature and circumstances of the firm and engagements it performs. Firms are also required to monitor their own quality management system in order to ensure timely and effective remediation takes place, if and when required.

Assessing the design of the firm's system of quality management involves evaluating the quality objectives, quality risks and related responses identified by the firm and reviewing the firm's policies and procedures and their impact, if any, on audit quality. Compliance testing involves testing the operating effectiveness of selected responses and assessing the firm's monitoring of the responses at a component level.

In 2024, IAASA also inspected the implementation of International Standard on Quality Management (Ireland) 2 (ISQM 2). ISQM 2 deals with the appointment and eligibility of the engagement quality reviewer and their responsibilities relating to the performance and documentation of an engagement quality review.

Inspection of audits of PIEs

Each year, IAASA selects a sample of audits of PIEs using a risk-based approach.

The sample size selected for each firm is driven by factors, such as the number of PIEs audited by a firm, the results of previous inspections relating to the firm, any significant changes in a firm's market share or type of PIE audited by the firm.

IAASA then uses a risk selection model, the model applies many factors and weights the factors where appropriate. These factors include:

- PIE type
- PIE size
- investment size
- facts which come to the attention of IAASA relating to an EU PIE such as

- public announcements by the company or matters on public record
- audit fees, non-audit fees, year on year changes in audit fees
- the PIE audit firm's experience of auditing the specific PIE type.

Further to this, in selecting a sample of audits of PIEs for inspection, IAASA may consider factors that are not within the risk selection model, such as media coverage, complaints, and/or other information, for example matters identified by IAASA's financial reporting supervision unit.

The risk-based approach allows for audits with particular complexities to be selected, as well as audits of varying sizes IAASA selects audits of PIEs that have been assessed as higher risk. The samples chosen by IAASA are, therefore, not representative of the population.

For each audit selected, IAASA evaluates the sufficiency and quality of audit evidence across a number of selected audit areas. The audit areas reviewed are selected at the discretion of IAASA, taking into consideration specific risks pertaining to the PIE as well as other areas of focus for IAASA.

Rating and grading policy

Policy overview

The quality assurance reports highlight only areas of non-compliance. Ratings and grades seek to provide readers with further insight into IAASA's view on the significance of the issues noted in the report.

Findings in relation to the effectiveness of the design or implementation of a firm's system of quality management have their significance indicated by way of a red-amber-yellow (RAY) system. Each of the PIE audits inspected as part of the quality assurance review is assigned a grade.

The purpose of the ratings and grades are to give context to findings identified by IAASA, which, individually, may be open to varying interpretations by a reader.

IAASA's system of rating and grades is IAASA's alone and should not be compared to any other system of rating or grade inspections of individual audits or PIE audit firms.

Findings on a PIE audit firm's system of quality management

Findings arising in relation to the effectiveness of the design or implementation of a PIE audit firm's quality management system have their significance indicated as follows:

- **Red** indicates that a finding is a significant deficiency². Failure to implement a recommendation and/or remediation set out in a prior finding in relation to a firm's system of quality management, or, in relation to a matter arising from a PIE inspection is also likely to be assigned a red grading.
- Amber indicates that an improvement is required. This is a less than significant failure to:
 - meet the requirements of the ethical standards, International Standard on Quality Management (Ireland) 1 (ISQM 1) and International Standard on Quality Management (Ireland) 2 (ISQM 2); or
 - apply a firm's processes or procedures.
- . "Yellow" indicates that a finding is a minor deficiency. This is:
 - a minor failure in the application of a firm's procedures or processes; or
 - a low level deficiency that has the potential to develop into a significant or less than significant failure to meet the requirements of the ethical standards, ISQM 1 and ISQM 2.

Grades assigned to audits of PIEs

Each of the audits of PIEs inspected as part of the quality assurance review is assigned a grade.

- 1
- A 1 grade is a good audit with no concerns regarding the sufficiency and quality of audit evidence or the appropriateness of significant audit judgements in the areas reviewed. Any concerns are very limited in their implications (both individually and collectively).
- A 2 grade is an audit that requires limited improvements. There are only limited concerns regarding the sufficiency or quality of audit evidence or the appropriateness of significant audit judgements in the areas reviewed. Although there may be some concerns, their implications (both individually and collectively) are limited.
- A **3** grade is an audit that requires improvements. There are some concerns, assessed as less than significant³, regarding the sufficiency or quality of audit evidence or the appropriateness of significant audit judgements in the areas reviewed. Although there may be concerns, their implications (both individually and collectively) are less than significant.
- A 4 grade is an audit that requires significant improvements. There are significant concerns regarding the sufficiency or quality of audit evidence or the appropriateness of significant audit judgements in the areas reviewed. There may be concerns in other areas, with implications that are individually or collectively significant.

materiality of the area or matter concerned; the extent of any concerns regarding the sufficiency or quality of audit evidence (e.g. whether they relate to specific elements of the audit evidence only or are more pervasive to the overall sufficiency or quality of audit evidence in the areas concerned); whether appropriate professional scepticism appears to have been exercised in forming audit judgements; and the extent of any non-compliance with standards or the firm's methodology identified.

² A significant deficiency is a significant failure to meet the requirements of the ethical standards or ISQM 1 or ISQM 2; or, a pervasive failure to apply a firm's processes or procedures where there is more than a remote likelihood that the deficiency could affect the firm's independence or the quality of audits performed by the firm.

³ For audits of PIEs, four key factors will be considered in assessing 'significance' of findings, these are as follows: the

Reports on quality assurance reviews

Content

Each year, IAASA issues a report on the quality assurance review of each PIE audit firm. The purpose of the quality assurance review is to assess the effectiveness of the PIE audit firm's system of quality management. The purpose of the report is to communicate the deficiencies identified through the quality assurance review and the recommendations arising.

The report on the quality assurance review includes:

- a brief overview of the PIE audit firm
- an explanation of the quality assurance review process
- an explanation of the scope of IAASA's quality assurance review
- an overview of IAASA's findings
- the results of the quality assurance review, including findings and recommendations on the firm's system of quality management and a summary of audits of PIEs expected
- the results of follow-up procedures

Findings in relation to the firm's system of quality management

Each report sets out the detail of IAASA's findings on the PIE audit firm's system of quality management. The report explains the background to each finding and the issue identified by IAASA, only including information that is relevant to the reader's understanding of the issue. The report also explains IAASA's recommendations for each finding on the firm's system of quality management, the recommendations set out how IAASA expects

the firm to remediate deficiencies and/or implement improvements going forward.

Summary of audits of PIEs inspected

Each report sets out the areas reviewed and grade assigned to each PIE audit (if any) inspected as part of the quality assurance review. Key recommendations to the firm in relation to audits of PIEs are also summarised within each report.

Information specific to audits of PIEs inspected is not disclosed in the reports. This information is not disclosed to ensure that the individual PIE cannot be identified. IAASA issues separate reports to each firm in respect of each audit inspected. These separate reports detail the findings and IAASA's detailed recommendations for remediation of deficiencies and/or improvements.

Limitations

The report on the quality assurance review is designed to communicate:

- deficiencies in audit quality
- defects or potential defects in the PIE audit firm's system of quality management that relate to audit quality

Accordingly, the reports on quality assurance reviews are not intended to serve as balanced scorecards or overall rating tools. Further, the report should not be construed as an indication that IAASA has identified all the weaknesses which may exist in the PIE audit firm's policies and procedures or in the implementation of those policies and procedures.

Where an inspection of an audit of a PIE identifies an area where the PIE audit firm did not obtain sufficient audit evidence, this does not necessarily indicate that the audit opinion is inappropriate or that the financial statements are misstated. It would be inappropriate for the

reader to infer that the issues found on one inspected PIE audit would have also been identified by IAASA on any other audits of PIEs performed by the firm. It would also be inappropriate for the reader to infer that any issues identified in any given quality assurance review report are replicated in other audit files which have not been inspected by IAASA.

Appendix 1 - Frequently asked questions and useful links

Why does IAASA publish reports?

IAASA's mission includes the promotion of high quality auditing. IAASA believes that transparency in relation to the findings of inspections carried out is vital information for the market. This transparency allows interested parties to identify areas where audit quality can be improved and provides the market with confidence that any issues are being appropriately remediated and addressed.

Why does IAASA not publish individual reports/identify audited entities?

The existence of an audit inspection finding does not indicate that there is an issue with the financial statements being audited.

Conversely, an audit inspection which does not result in any findings does not indicate that the financial statements comply with the relevant reporting framework. IAASA, consistent with other regulators, does not identify the entity being audited to avoid any risk of misinterpretation.

What do I do if I have a concern about an audit?

If you suspect that an audit of a PIE does not comply with the requirements of auditing standards and other regulations, please make a complaint in writing to IAASA, Enforcement Unit, Willow House, Naas, Kildare or info@iaasa.ie.

If you suspect that an audit of a non-PIE does not comply with the requirements of auditing standards or other regulations, please contact the relevant Recognised Accountancy Body.⁴

IAASA may review compliance with a PIE audit firm's own policies and procedures. Where a PIE audit firm has a policy, which is stricter than standards/legislation, does IAASA raise findings where a PIE audit firm's policy is not complied with but the requirements of the standards/legislation have been?

IAASA may raise a finding where a PIE audit firm policy has been breached, even if the requirements of standards and legislation have not been breached. As set out in Article 26of EU Regulation 537, an inspection both assesses the design of the internal control system and tests compliance with that control system. In instances where the PIE audit firm policy has been breached and the matter remains compliant with standards/legislation, this will be noted in the report and will be considered in the rating process.

The following links provide additional information in relation to the inspection process:

FAQs on the inspection process including IAASA's powers of inspection

⁴ www.iaasa.ie/FAQs/Complaints

Appendix 2 – Outline report on quality assurance reviews



Guide to IAASA's reports on quality assurance reviews

A guide to assist readers in understanding IAASA's reports on quality assurance reviews of audit firms is available here.

The guide sets out what users can expect from the quality assurance review report. It also explains how IAASA's quality assurance review process drives the form and content of these reports

Quality assurance review explained

The purpose of a quality assurance review is to assess the effectiveness of the Firm's system of

A quality assurance review:

- assesses the design of the Firm's system of quality management
- performs compliance testing around the implementation of the Firm's procedures
- · evaluates the quality of a sample of audits of public-interest entities (PIEs)

Note that a quality assurance review is not designed to identify all weaknesses that may exist in the Firm's system of quality management.

ISQM 1 requires audit firms to design a system of quality management that is tailored to the nature and circumstances of the firm and engagements it performs. Firms are also required to monitor their own quality management system in order to ensure timely and effective remediation takes place, if

Assessing the design of the Firm's system of quality management involves evaluating the quality objectives, quality risks and related responses identified by the Firm and reviewing the Firm's policies and procedures and their impact, if any, on audit quality. Compliance testing involves testing of the operating effectiveness of selected responses and assessing the Firm's monitoring of the responses

In 2024, IAASA also inspected the implementation of International Standard on Quality Management (Ireland) 2 (ISQM 2). ISQM 2 deals with the appointment and eligibility of the engagement quality reviewer and their responsibilities relating to the performance and documentation of an engagement

The Authority selects the sample of audits of PIEs using a risk based approach. A risk based approach allows for audits with particular complexities to be selected, as well as audits of varying sizes. As the sample of audits of PIEs is not a representative sample, results cannot be extrapolated to make inferences about audits that have not been selected. In evaluating the quality of an audit of a PIE, the Authority considers the sufficiency and quality of audit evidence across a number of selected

Scope of the quality assurance review of the Firm

The Firm's policies and procedures

The assessment of the Firm's system of quality management is performed across eight component areas, as defined in ISQM 1, on a three year cyclical basis. In 2024, the quality assurance review assessed the design and operating effectiveness of the system of quality management in three

- · relevant ethical requirements
- acceptance and continuance of client relationships and specific engagements
- resources human resources

For the resources component, the Authority assessed the Firm's system of quality management across the area of human resources. For the remaining mentioned components, the Authority assessed the full component areas. The Authority evaluated the quality objectives, quality risks and related responses designed by the Firm, including the implementation of related policies and procedures and the Firm's monitoring of the operating effectiveness of the related responses. The Authority also assessed the Firm's monitoring of the operating effectiveness of the identified responses relating to the following component areas:

- risk assessment process
- governance and leadership
- · resources technological resources, intellectual resources and service providers
- · information and communication

The inspection of ISQM 2 consisted of a review of ISQM 2 policies and procedures followed by an assessment of their implementation through our inspection of audits of PIEs. Audits of public-interest

In 2024, the Authority selected a sample of xx audits of PIEs.

For each audit selected, the Authority evaluated the quality of the communications with those charged with governance, the review of financial statements, the engagement quality control review and the audit procedures performed in relation to the identification and assessment of risks of material

For each audit selected, the Authority also evaluated the quality of audit evidence across additional audit areas. The additional audit areas were selected at the discretion of the Authority, taking into consideration the specific risks pertaining to the audit as well as other areas of focus for the Authority.

Overview of findings

There was/were x finding/s with a related recommendation identified in the areas reviewed in relation to the effectiveness of the design or implementation of the Firm's system of quality management.

The Authority assigned a grade of 1 (good audit) to [x] audits of PIEs, a grade of 2 (limited improvements required) to [x] audit of a PIE and a grade of 3 (improvements required) to [x] audit[s] of

The results of the quality assurance review are set out in detail in the next section of this report

A description of ratings and grades is set out in the appendix to this report.

The Firm must implement each recommendation raised by the Authority within 12 months of the date of the recommendation. The Authority follows up to ensure each recommendation is implemented. Where the Firm fails to satisfactorily implement the recommendation within the 12 month timeframe, the Authority will refer the matter to its Enforcement Unit.

Results of the quality assurance review

Overview of areas

Relevant ethical requirements

The Authority assessed whether the Firm had established quality objectives that address the fulfilment of responsibilities in accordance with relevant ethical requirements, including those related to independence. The Authority evaluated the quality risks identified and assessed by the Firm for each of the quality objectives relating to relevant ethical requirements and the responses designed and implemented to address the quality risks, including the specified responses of ISQM1.

The Authority noted that Full details of this finding and recommendation are set out below. (Finding [x]) / The Authority has no findings or recommendations to report in this area.]

Acceptance and continuance of client engagements

The Authority assessed whether the Firm had established quality objectives that address the acceptance and continuance of client relationships and specific relationships and specific engagements. The Authority evaluated the quality risks identified and assessed by the Firm for each of the quality objectives relating to acceptance and continuance of client relationships and specific engagements and the responses designed and implemented to address the quality risks, including the specified responses of ISQM1.

The Authority noted that Full details of this finding and recommendation are set out below. (Finding [x]) / The Authority has no findings or recommendations to report in this area.]

Resources - human resources The Authority evaluated whether the Firm had established quality objectives, and appropriate responses to the risks of not meeting these quality objectives, that address appropriately obtaining, developing, using, maintaining, allocating and assigning human resources in a timely manner to enable the design, implementation and operation of the system of quality management.

> The Authority noted that Full details of this finding and recommendation are set out below. (Finding [x]) / The Authority has no findings or recommendations to report in this area.]

Findings and recommendations on the Firm's system of quality management Background Recommendation significance rating [Area] Finding 1 Red Amber Yellow [Area] Finding 2 Red Amber Yellow [Area] The Authority has no findings with related recommendations to report in this area. [Area] The Authority has no findings with related recommendations to report in this area. IAA 8A: Report on 2024 quality assurance review of [Firm] [date]

IAA 8A: Report on 2024 quality assurance review of [Firm]

Summary of audits of PIEs inspected

	Assigned grade ²	Audit	areas
Audit one	xx	•	10000
Audit two	х	•	ххх
Audit three	x	•	XXX

Key recommendations arising from the inspection of audits of PIEs

This table sets out the key recommendations for the Firm arising from the inspection of audits of PIEs. These are recommendations deemed by the Authority to be key to an individual inspection or which were recurring across inspections. Not all recommendations apply to all audits of PIEs inspected and not all recommendations issued are included in this table.

Audit area	Recommendation			
[Area] *match descripti above	1			

Results of follow up procedures

The Firm is required to implement the Authority's recommendations within 12 months. The Authority is satisfied that all recommendations made to the Firm in 2023 were appropriately implemented in 2024.

IAA 8A: Report on 2024 quality assurance review of [Firm]

Purpose and limitations of this report

The purpose of the quality assurance review is to assess the effectiveness of the Firm's system of quality management. The purpose of this report is to communicate any deficiencies identified through the quality assurance review and the recommendations arising.

This report is not intended to serve as a balanced scorecard or as an overall rating tool. Although this report on the quality assurance review may comment positively on certain items, it is not designed to give a balanced analysis of all areas of the Firm.

Where an inspection of an audit of a PIE identifies an area where the Firm did not obtain sufficient audit evidence, this does not necessarily indicate that the audit opinion is inappropriate or that the financial statements are mistated. Furthermore, it would be inappropriate in offer that any issues identified in this quality assurance review report are replicated in audits that have not been inspected byte his other.

IAA 8A: Report on 2024 quality assurance review of [Firm]

Appendix - Detailed description of ratings and grades

Ratings

Findings arising in relation to the effectiveness of the design or implementation of a firm's system of quality management have their significance rated by way of a red-amber-yellow (RAY) system.

- Red indicates that a finding is a significant deficiency³. Failure to implement a recommendation and/or remediation set out in a prior finding in relation to a firm's system of quality management, or, in relation to a matter arising from a PIE inspection is also likely to be assigned a red grading.
- Amber indicates that an improvement is required. This is a less than significant failure to:
 - . meet the requirements of the ethical standards and (ISQM 1); or
 - · apply a firm's processes or procedures.
- Yellow indicates that a finding is a minor deficiency. This is:
 - a minor failure in the application of a firm's procedures or processes; or
 - a low level deficiency that has the potential to develop into a significant or less than significant failure to meet the requirements of the ethical standards and ISQM 1.

Grades

Each of the audits of PIEs inspected as part of the quality assurance review is assigned a grade.

- A 1 grade is a good audit with no concerns regarding the sufficiency and quality of audit evidence or the appropriateness of significant audit judgements in the areas reviewed. Any concerns are very limited in their im
- A 2 grade is an audit that requires limited improvements. There are only limited concerns regarding the sufficiency or quality of audit evidence or the appropriateness of significant audit judgements in the areas reviewed. Although there may be some concerns, their implications (both individually and collectively) are limited.
- A 3 grade is an audit that requires improvements. There are some concerns, assessed as less than significant, regarding the sufficiency or quality of audit evidence or the appropriateness of significant audit judgements in the areas reviewed. Although there may be concerns, their implications (both individually and collectively) are less than significant.
- A 4 grade is an audit that requires significant improvements. There are significant concerns regarding the sufficiency or quality of audit evidence or the appropriateness of significant audit judgements in the areas reviewed. There may be concerns in other areas, with implications that are individually or collectively significant.

² See Appendix for detailed description of ratings and grades

s significant deficiency is a significant failure to meet the requirements of the ethical standards or ISCM 1; g_5 a pervasive failure to apply a mis processes or procedures where there is more than a remote likelihood that the deficiency could affect the firm's independence or the quali

For audit of Pilis, but key factors will be considered in assessing significance of findings, these are as follows: the maleriality of the area or matter concenned, the earlier of an occasion specified by the sufficiency or quality of audit evidence (i.e., whether they make to specify or white to specify or audit evidence only or are more personally to their overall sufficiency or quality of audit evidence only are areas concerned; whether appropriate personal support of the proteins appears to have been exerted an foreiring audit judgments; and the earlier of any non-complishing with the concerned and proteins of the specified and the exerted and the specified and the

IAA \$A: Report on 2024 quality assurance review of [Firm]



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