

THE INTERNAL AUDIT FUNCTION, VIS-A-VIS SUPERVISORY COMMITTEE

HOSTED BY
THE CO-OPERATIVE CREDIT UNION LEAGUE OF TRINIDAD & TOBAGO

SATURDAY MAY 14, 2016

VENUE: BANQUET & CONFERENCE CENTRE AT THE CASCADIA HOTEL, ST ANNS

DURATION: 1DAY 9:30AM – 4:00PM

BACKGROUND

The Supervisory Committee is considered the '**Internal Auditors**' in Credit Unions. Their role is vital, in that, they are to ensure the safety and soundness of members' investments. In order to effectively handle this task, the Supervisory Committee must understand and appreciate their role and responsibilities and that of the Board and other Committees.

OBJECTIVES

This programme will provide a platform to achieve the following:

- ★ The role of the Board and Committees.
- ★ What is the Supervisory Committee?
- ★ What is the Real Purpose?
- ★ Principles of Auditing
- ★ Objectiveness.
- ★ Governance Standards.
- ★ Teamwork.
- ★ Fit and Proper Guidelines
- ★ AML / CFT Role of the Audit Committee.
- ★ Case Studies.

BENEFITS

- ★ Participants would understand and appreciate - *How to Conduct the Audit.*
- ★ Be better able to perform as an Auditor.
- ★ How to conduct substantive testing.
- ★ How to plan and execute the Audit.
- ★ Understand the role of the Board of Directors, Supervisory and Credit Committees.
- ★ AML / CFT and the Audit Compliance Capabilities

WHO SHOULD ATTEND

Supervisory Committee Officers, Directors, all committee members, staff, all persons desirous of Serving on Board or Committees.

CERTIFICATION

A certificate of participation will be awarded to each participant.



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**Cost: \$975.00 +Vat per person
Group rate: \$950.00+ Vat per person for groups of three (3) or more persons
(Inclusive of Coffee Break, Lunch, & Writing materials)
9.30 am – 4.00 pm.**

Please complete in block letters:

Name(s):

Job Title:

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |

Organization : _____

Address _____

Contact person _____ Email Address _____

Telephone: (868) _____ ext _____ Fax No: _____

Kindly indicate if you need an invoice for processing your payment:
Please ensure that you complete your registration form by signing below:

1. Registration is only confirmed upon receipt of this form by The Co-operative Credit Union League of Trinidad and Tobago **accompanied by the appropriate payment before Friday May 06, 2015**
2. In cases where registrants neither cancel nor attend this function, please note that there is **NO** entitlement to a refund under any circumstances
3. Cheques should be made payable to The Co-operative Credit Union League of Trinidad and Tobago. Non-members are required to pay by **Certified Cheques**.

Signature

Date

Company Stamp

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