

MANAPPURAM ASSET FINANCE LIMITED (MAAFIN)

Risk Based Internal Audit Policy

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RISK BASED INTERNAL AUDIT POLICY

MANAPPURAM ASSET FINANCE LIMITED



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1. Objectives and Scope

1. The internal audit function broadly assesses and contributes to the overall improvement of the organization's governance, risk management, and control processes using a systematic and disciplined approach. The function is an integral part of sound corporate governance and is considered as the third line of defence.
2. Risk based internal audit (RBIA) policy lays a framework for entity-level risk assessment and assures the Board of Directors and the Senior Management on the quality and effectiveness of the organisation's internal controls, risk management and governance-related systems and processes.
3. Risk-based internal audit is expected to be an aid to the ongoing risk management by providing necessary checks and balances in the system.
4. The internal audit team would undertake an independent risk assessment to formulate a risk-based audit plan which considers the inherent business risks emanating from an activity/location and the effectiveness of the control systems for monitoring such inherent risks.
5. The risk assessment of business and other functions of the organization shall at the minimum be conducted on an annual basis. Every activity/location, including the risk management and compliance functions, shall be subjected to risk assessment by the RBIA.
6. The scope of risk-based internal audit includes identifying potential inherent business risks and control risks, suggesting various corrective measures. The audit mechanism should also ensure adequacy, effectiveness of laid down procedures and ensure compliance with the same to control the risks to the optimum level.
7. The information systems audit (IS Audit) should also be carried out using the risk-based approach. As per Master Direction on Information Technology Governance, Risk, Controls and Assurance Practices, Chapter VI-IS Audit 30(c), The Audit Committee of the Board (ACB) shall be responsible for exercising oversight of IS Audit, Manappuram Asset Finance LTD shall put in place an IS Audit Policy. The policy shall be approved by the ACB and reviewed at least annually, The ACB shall review critical issues highlighted related to IT/ information security/cyber security and provide appropriate direction and guidance to the Management of Manappuram Asset Finance LTD, and shall have a separate IS Audit function or resources who possess required professional skills and competence within the Internal Audit function. Where Company uses external resources for conducting IS audit in areas where skills are lackin , the responsibility and accountability for such external IS audits would continue to remain with the competent authority within Internal Audit function, Company shall carry out IS Audit planning by adopting a risk-based audit approach, may consider, wherever possible, a continuous auditing approach for critical systems, performing control and risk assessments on a more frequent basis. As per scale based regulation 2023 for NBFC 94.1.2, The audit committee shall ensure that an IS Audit of internal systems and processes is conducted annually to assess operational risks faced by Manappuram Asset Finance LTD
8. Internal audit shall evaluate the fraud risk management process and report to the ACB/Board, including the adequacy of controls, effectiveness of fraud detection mechanisms, compliance with regulatory requirements, and any identified vulnerabilities or areas for improvement.
9. The scope of the internal audit includes all the auditable units within Manappuram Asset Finance Limited including auditing and reporting of outsourced arrangements as directed by RBI.
10. The internal audit report should be based on appropriate analysis and evaluation. It should bring out adequate, reliable, relevant, and useful information to support the observations and conclusions. It should cover the objectives, scope, and results of the audit assignment and make appropriate recommendations and/or action plans.
11. All high and medium risks observations (including pending high and medium risk observations) and persisting irregularities should be reported to the ACB/Board to highlight key areas in which risk mitigation has not been undertaken despite risk identification.
12. The internal audit function should have a system to monitor compliance with the observations made by the internal audit. Status of compliance should be an integral part of reporting to the ACB/Board.

13. A comprehensive management audit covering all aspects of corporate governance will be conducted once every two years as per the direction of ACB/Board, and the report will be submitted to the Audit Committee of the Board (ACB).
14. Ensure compliance with regulatory guidelines specific to Internal Audit and related aspects.
15. The Risk-Based Internal Audit (RBIA) policy must be reviewed at least annually.
16. IAD shall conduct annual audits of all material Related Party Transactions including: (a) arm's length pricing verification, (b) Board approval compliance, (c) disclosure adequacy in financial statements, and (d) conflict of interest assessment.
17. The Internal Audit Department shall semi-annually review and audit:
 - Early Warning Signal (EWS) framework,
 - Willful Defaulter identification and reporting process,
 - Co-lending arrangements, and
 - Direct Assignment transactions,

Risk Based Internal Audit Policy Implementation

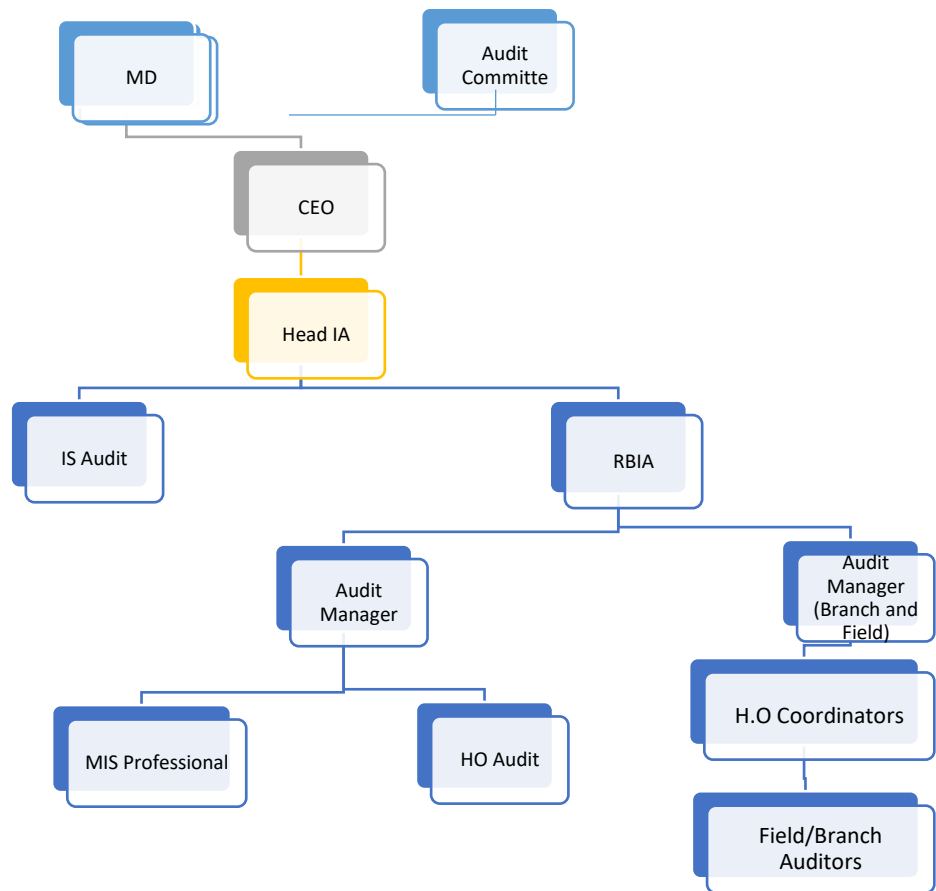
All employees of MAAFIN (including branch employees) and management are responsible for ensuring that Risk based Internal Audit policy is adhered to. The Internal Audit department is responsible for ensuring that staff are aware of, and adhere to, this Policy and the standards thereunder.

Review of Risk based Internal Audit Policy

The document shall be reviewed at least annually by the Board. The risk based internal audit policy and standard operating procedure documents shall be updated in line with any major or minor changes in the operating environment. This Policy shall also be reviewed and updated in line with recommendations provided by various stakeholders including risk management function, external auditors, and legal counsel.

2. ORGANISATIONAL STRUCTURE

The objective of this Policy is to create a risk based internal audit mechanism that manages inherent business risk emanating from an activity/location and the effectiveness of the control systems for monitoring such inherent risks. To disseminate the policy, an organisational structure has been set. The detailed roles and responsibilities have been spelt out to bring about clarity of roles of responsibilities of each stakeholder in the organisational structure.



Roles and Responsibilities

A. Board of Directors / Audit Committee of Board

1. The Board of Directors (the Board) / Audit Committee of the Board (ACB) of MAAFIN are primarily responsible for establishing and overseeing the internal audit function within the organization, as well as ensuring the independence of the audit.

2. The Board shall approve the RBIA policy based on ACB recommendation and the RBIA plan to determine the priorities of the internal audit function based on the level and direction of risk, as consistent with the entity's goals.
3. Developing an effective culture emphasising the importance of internal audit
4. The ACB/Board will review the performance of RBIA annually.
5. The ACB/Board should formulate and maintain a quality assurance and improvement program that covers all aspects of the internal audit function. The quality assurance program may include assessment of the internal audit function at least once a year for adherence to the internal audit policy, objectives and expected outcomes.
6. The ACB/Board shall promote the use of new audit tools/ new technologies for reducing the extent of manual monitoring/transaction testing/compliance monitoring, etc

B. Senior Management

1. The senior management is responsible for ensuring adherence to the internal audit policy guidelines as approved by the Board and development of an effective internal control function that identifies, measures, monitors and reports all risks faced.
2. Senior management shall ensure that appropriate action is taken on internal audit findings within the prescribed timelines, and that the status of audit report closures is placed before the ACB/Board, thereby integrating audit outcomes into the organization's risk mitigation efforts.
3. The senior management is responsible for establishing a comprehensive and independent internal audit function that should promote accountability and transparency.
4. It shall ensure that the RBIA Function is adequately staffed with skilled personnel of right aptitude and attitude who are periodically trained to update their knowledge, skill, and competencies.
5. A consolidated position of major risks faced by the organization shall be presented at least twice a year to the ACB/Board, based on inputs from all forms of audit. This basically is a compilation of High Risk/Major risks observations emanating from all audits (all forms/Types) conducted by audit functions including Internal Audit function

C. Internal Audit Department

The Internal Audit Department (IAD) will be responsible for undertaking risk based internal audits under the guidance of the Audit Committee / Board. IAD must have sufficient authority, stature, independence, and resources thereby enabling internal auditors to carry out their assignments properly. IAD shall be headed by a senior executive with independent reporting to the Audit Committee.

IAD reports functionally to the ACB and administratively to the MD/CEO. Ensures objective risk assessments and timely reporting.

The internal audit function shall not be outsourced. However, where required, experts including former employees can be hired on a contractual basis subject to the ACB/Board being assured that such expertise does not exist within the audit function. Any conflict of interest in such matters shall be recognised and effectively addressed. Ownership of audit reports in all cases shall rest with regular functionaries of the internal audit function.

Information System Audit, being an integral part of Internal Audit, requires an organization structure with well-defined roles that need to function in alignment with the Internal Audit, and provide technical audit support on key focus areas of audit or its universe, identified by an Internal Audit department.

In this regard, MAAFIN requires a separate IS Audit function within an Internal Audit department led by a Systems Audit Head reporting to the Head of Internal Audit or Chief Audit Executive (CAE). The personnel need to assume overall responsibility and accountability for IS Audit functions. Where the MAAFIN leverages external resources for conducting IS Audit in areas where skills are lacking, the responsibility and accountability for such external IS Audits remain with the Systems Audit Head and Head of Internal Audit or CAE.

HIA shall assist the ACB in exercising the oversight of IS Audit function through verification of the way in which audit has been progressed and also by monitoring reported issues by external and internal review.

Head – Internal Audit

- Provide annual assessment on the effectiveness of the organization's controls in managing key risks and control activities.
- Evaluate the reliability and operation of the accounting and reporting system.
- Consider the scope of work of the external auditors and regulators to determine audit coverage.
- Evaluate the effectiveness of risk management processes
- Evaluate fraud risk management process
- Conduct or participate in internal investigations of suspected fraud, theft, or mismanagement, and provide advice relating to internal fraud and security at the request of those charged with governance
- Maintain adequate professional audit staff with sufficient knowledge, skills, experience, and professional certifications to meet the requirements of this policy
- The Head of Internal Audit shall ensure that the department has the necessary resources, financial and otherwise, available to carry out his or her duties commensurate with the annual audit plan, scope and budget approved by the Audit Committee.
- Assess the effectiveness of the management in communicating risk and control information to appropriate areas of the organization
- Coordinate and communicate information with the external auditors
- Report on potential improvements to the existing controls
- Assess and make appropriate recommendations for improving the governance process in promoting ethics and values within the organization
- Provide periodic information on the status of the implementation of the annual audit programme and the sufficiency of the Internal Audit Department resources
- Issue periodic reports to those responsible for governance, and summarize results of the internal audits
- Present quarterly report/update to the Audit Committee, confirming independence of the Internal Audit Department and its audit staff, its performance during the period against key performance indicators.
- Maintain properly documented files supporting conclusions, holding in safe custody any documents or property or other material obtained for audit use or investigation.
- Ensure independence of Audit leads and staff.

The Head – Internal Audit will be supported by Internal Audit leads for various business units and support functions. These audit leads will be responsible for audit planning and execution of their respective areas.

Key responsibilities of the Audit Leads include:

- Determine the scope, risk, and frequency of audit activities in identified areas of responsibility
- Monitor the implementation of the audit plan

- Review and approve audit procedures
- Deliberate on the issues raised with the IAD and management
- Finalize the audit report including action plans
- Discuss the audit report with the Head – Internal Audit
- Implement a tracking system to independently follow up on the open issues and escalate, if required; and
- Identify the need for follow-on audits to validate the remedial actions put in place.

3. INTERNAL AUDIT STRUCTURE

Authority, Stature, Independence, and Resources

The internal audit function must have sufficient authority, stature, independence, and resources thereby enabling internal auditors to carry out their assignments properly. The Head of Internal Audit (HIA) and internal audit functionaries shall have the authority to communicate with any staff member and get access to all records that are necessary to carry out the entrusted responsibilities.

Competence

Requisite professional competence, knowledge and experience of each internal auditor are essential for the effectiveness of the internal audit function. The staff possessing the requisite skills should be assigned the job of undertaking risk-based internal audits. They should also be trained periodically to enable them to understand the business activities, operating procedures, risk management and control systems, MIS, etc.

Rotation of Staff

The minimum period of service in the internal audit function shall be 6 months. The Board prescribes at least one stint of service in the internal audit function for those staff possessing specialized knowledge useful for the audit function, but who are posted in other areas, to have adequate skills for the staff in the internal audit function.

Except in entities where the internal audit function is specialized and managed by career internal auditors, the Head of Internal Audit (HIA) shall be appointed for a reasonably long tenure—preferably a minimum of three years—and shall be rotated every three to five years.

Reporting Line

The Head of Internal Audit shall directly report to MD & CEO with approval from the Board of Directors. Accordingly, the 'Reviewing authority' shall be the ACB/Board and the 'Accepting authority' shall be the Board in matters of performance appraisal of the Head of Internal Audit.

The ACB/Board shall meet the Head of Internal Audit at least once in a quarter, without the presence of the senior management (including the MD & CEO/WTD). The Head of Internal Audit shall not have any reporting relationship with the business verticals and shall not be given any business targets.

4. INTERNAL AUDIT SUPPORT ARRANGEMENTS

Internal audit functions shall not be outsourced as per the regulatory guidelines. Wherever required, experts including former employees can be hired on a contractual basis subject to ACB / Board being assured that such expertise does not exist within the internal audit function of the Company. However, ownership of all audit reports shall rest with regular functionaries of the internal audit function.

The following aspects may, inter-alia, be kept in view to prevent any risk of a breakdown in internal controls.

- (a) Before entering into a supporting arrangement for a risk-based internal audit, due diligence should be performed to satisfy that the external service provider has the necessary expertise to undertake the contracted work.
- (b) The contract, in writing, should at the minimum, specify the following:
 - the scope and frequency of work to be performed by the vendor
 - the manner and frequency of reporting to the entity and the manner of determining the cost of damages arising from errors, omissions, and negligence on the part of the vendor
 - the arrangements for incorporation of changes in the terms of the contract, should the need arise
 - the locations where the work papers will be stored
 - the internal audit reports are the property of the Company and all work papers are to be provided to the Company when required
 - the authorised employees are to have reasonable and timely access to the work papers
 - the supervisors are to be granted immediate and full access to related work papers
- (c) The management should continue to satisfy itself that the supporting activity is being competently managed.
- (d) All work done by the external service provider should be documented and reported to the top management through the internal audit department.
- (e) To avoid the significant operational risk that may arise on account of sudden termination of the supporting arrangement, a contingency plan should be in place to mitigate any discontinuity in audit coverage.
- (f) Periodic review of work performed by the external service provider to be done by Head of Internal Audit for reliability, accuracy, and objectivity.
- (g) To maintain the integrity and security of our process, external service providers shall operate under the supervision and guidance of Head of Internal audit
- h) External service providers shall focus on process-based audit. They are encouraged to identify process gaps and improvement opportunities during internal review function. In-house internal auditors shall focus on conducting transaction-based audit on sample basis in identified areas, following a risk-based approach. Both External and Internal Auditors are responsible to ensure that the operations of the businesses are in compliance with the RBI directives and with the Company's policies and, further, any shortfall in the policies vis a vis the RBI directives are to be highlighted by the Auditors.

5. ACCESS TO INFORMATION

For the risk assessment to be accurate, it will be necessary to have proper MIS and data integrity arrangements. The internal audit function should be kept informed of all developments such as the introduction of new products, changes in reporting lines, changes in accounting practices/policies, etc. The risk assessment should invariably be undertaken yearly. The assessment should also be periodically updated to consider changes in the business environment, activities, and work processes, etc.

6. DOCUMENTATION

For the risk assessment to be accurate, clearly understandable, be unambiguous and verifiable at a later stage, documentation of each process is of utmost importance.

Documentation of the process would involve but not be limited to.

1. Maintaining of a register with columns to showcase the audit area, sub-area, process, risk rating, observation, methodology of assessment, details of data collected, curated observations
2. As far as possible all documentation will be in digital format and filed in a logical way for easy access
3. Data transferred on each finalized observation and updated thereon will be stored in compliance with as per the company policy.

7. AUDITEES RESPONSIBILITIES

Internal audit should not be a fault-finding mission. It is done to find out errors in the systems and working, lag from approved timelines, adequacy of controls and their effectiveness in managing inherent risk and to generate process improvement opportunities to improve overall efficiency in the area being audited.

To attain these objectives, there must be support from the auditee. His / her responsibilities are as follows.

1. Providing required data to auditors – The auditee must provide accurate data/additional data with all fields as requested by the auditor. If the data request contains sensitive information, the auditee can take suitable guidance/approval from the appropriate authority before sharing such data.
2. The audit is conducted as per the approved audit calendar and with time constraints. During the audit, the auditee must attend and discuss the issues or queries raised by the auditors on time.
3. The auditee is responsible to oversee the activity in the department. He should work towards improvements in all aspects of his area/domain.
4. The auditee must be positive and commit to the timely closure of observations. In all cases where he agrees with the observation for improvements but is not empowered to decide on cost and other factors, he may take up the matter with suitable authority and get necessary approvals on time.
5. Closure of observations within the approved timeline is the responsibility of the auditee. He must close the audit observations of the period when he was not in the department also.
6. The auditee is responsible for rectification of observations immediately. He must not wait for the final audit report to start the rectification process. The management gains comfort when the observations in the audit report are rectified before presentation to management.

POLICY DETAILS

8. RISK ASSESSMENT FRAMEWORK

Risk assessment is an important part of any internal audit process that is used to understand the impact of risk and the probability for the risk to be realized. The results of a risk assessment must be used to prioritize efforts to counteract the risks.

9. Alignment with Enterprise Risk Management (ERM) Framework

1. Internal audit integrates with ERM by assessing the effectiveness of risk mitigation strategies defined in the Risk Register.
2. Risk parameters from the ERM (e.g., credit, market, operational, reputational, and existential risks) form the basis for audit planning.
3. Audit universe should be mapped with the Enterprise Risk Register for ongoing coverage

The process of risk assessment is not a one-time activity but an ongoing project, which is dynamic and responds to changes in the internal and external environment facing an organization at a point in time. Therefore, while risk assessment may be classified as a point in time exercise, an organization's ability to assess and manage its risk continuously (in response to an ever-changing environment) is a key challenge.

10. INDEPENDENT RISK ASSESSMENT

To prepare a risk based internal audit plan, the internal audit team must understand the existing and known risks in the system. It should be noted that the risk based internal audit plan would cover, based on criticality/ risk, all risks in the system. As and when a new risk is discovered, the risk based internal audit plan may be reviewed and if the need arises, the plan may be updated.

Risk Assessment Methodology

The organization will undertake a yearly Risk Assessment to formulate the risk-based audit plan. The risk assessment would be performed as an independent activity to cover risks at various levels (corporate and branch; the portfolio and individual transactions, etc.) and the processes in place to identify, measure, monitor and control the risks. Further, the assessment will be updated periodically to account for changes in the business environment, activities, and work processes.

The risk assessment process will cover the following activities:

- Identification of inherent business risks in various activities undertaken by the organization.
- Evaluation of the effectiveness of the control systems for monitoring the inherent risks of the business activities ('Control risk').
- Drawing up a risk-matrix for considering both the factors viz., inherent business and control risks

The risk assessment process shall involve but not be limited to processing the following information:

- Previous internal audit reports and compliance
- Proposed changes in business lines or changes in focus
- A significant change in management / key personnel
- Results of the latest regulatory examination report
- Reports of external auditors
- Industry trends and other environmental factors

- Time elapsed since the last audit
- The volume of business and complexity of activities
- Substantial performance variations from the budget
- Business strategy of the entity vis-à-vis the risk appetite and adequacy of control.


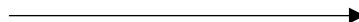
The following phased approach shall be adopted for performing the independent risk assessment:

- a. Preparation: To undertake a risk assessment, an understanding of the scope and functions of the various functions that support the business processes shall be obtained. This involves, but is not limited to:
 - i. Identifying business functions and processes: Business functions critical to business delivery shall be identified and focused upon. Interviews with concerned stakeholders shall be scheduled to understand the business functions and priorities of the organization.
 - ii. Understanding existing risk management framework: Applicable risk standards relevant to the MAAFIN environment shall be evaluated and assessed.
 - iii. Assess overall control environment: Obtain information regarding the overall control environment by reviewing the existing risk registers, audit reports, organisation structure, major changes within the function, business performance.
- b. Preliminary risk assessment: The risks related to the various MAAFIN processes shall be identified. This involves, but is not limited to:
 - i. Interviews with key stakeholders: Interviews shall be conducted with the key stakeholder to understand the processes and identify possible gaps in the definition of processes.
 - ii. Performing high-level process walkthroughs: Process walkthroughs shall be performed to understand the operation of business processes and to identify possible issues in the working of such processes.
 - iii. Verifying evidence of control design and implementation: Evidence of control design and implementation shall be verified to validate the efficacy of the control in mitigating risks.
- c. Inherent risk and control risk rating/categorisation: The risk assessment is done at the inherent risk and control risk level. Inherent business risks indicate the intrinsic risk in a particular area/activity of the organization and will be grouped into low, medium, and high categories depending on the severity of the risk. Inherent risk rating will be done based on the impact and likelihood of a particular risk rating. The methodology for grouping the risks into High, Medium, and low categories depends on the severity of the risk which is enumerated in ANNEXURE 1.

Control risks arise out of inadequate control systems, deficiencies/gaps and/or likely failures in the existing control processes. The control risks will be classified into low, medium, and high categories and the methodology is enumerated in ANNEXURE 2.

The Extremely High-Risk Areas would require immediate audit attention, maximum allocation of audit resources besides ongoing monitoring by the organization's top management. The inherent business risks and control risks will also be analysed to assess whether these are showing a stable, increasing or decreasing trend.

The risk matrix will be prepared for each business activity/location.

Risk Matrix				
Inherent Business Risk 	High	A – High Risk	B – Very High Risk	C – Extremely High Risk
	Medium	D – Medium Risk	E – High Risk	F – Very High Risk
	Low	G – Low Risk	H – Medium Risk	I – High Risk
		Low	Medium	High
		Control Risk 		

A – High Risk- Although the control risk is low, this is a High-Risk area due to high inherent business risks.

B – Very High Risk- The high inherent business risk coupled with medium control risk makes this a Very High-Risk area

C – Extremely High Risk – Both the inherent business risk and control risk are high which makes this an Extremely High-Risk area. This area would require immediate audit attention, maximum allocation of audit resources besides ongoing monitoring by the top management.

D – Medium Risk – Although the control risk is low this is a Medium Risk area due to medium inherent business risks.

E – High Risk – Although the inherent business risk is medium this is a High-Risk area because of control risk also being medium.

F – Very High Risk – Although the inherent business risk is medium, this is a Very High-Risk area due to high control risk.

G – Low Risk – Both the inherent business risk and control risk is low.

H – Medium Risk - The inherent business risk is low, and the control risk is medium.

I – High Risk – Although the inherent business risk is low, due to high control risk this becomes a High-Risk area.

The outcome of the risk assessment or final rating of an auditable unit will be a key factor to decide on the frequency of audit, the extent of audit to be undertaken and the type of audits to be performed. E.g., Extremely high-risk areas will be subjected to audits at a higher frequency or concurrent audits and higher scrutiny.

We must also analyse the inherent business risks and control risks to assess whether these are showing a stable, increasing or decreasing trend. Illustratively, if an area falls within cell ‘B’ or ‘F’ of the Risk Matrix and the risks are showing an increasing trend, these areas will also require immediate audit attention, maximum allocation of audit resources besides ongoing monitoring by the top management (as applicable for cell ‘C’).

Trend of Risk

Risk-based internal audit is expected to be an aid to the ongoing risk management by providing necessary checks and balances in the system.

The risk assessment needs to be done regularly and the finding must be compared with the findings of the earlier period to identify trends of shifting/reducing/increasing risks. This process will also help us identify among others, new areas of risk, areas of risk which have become redundant due to change in systems, operations, processes, automation etc. The trend will also be generated from the level of risk accepted in each domain. The actual risk generated will be compared with the benchmark risk (threshold risk) and the risk level as per previous periods to generate a trend.

11. RISK BASED AUDIT PLAN

- The Internal Audit Department will prepare Internal Audit Plan based on the Risk Assessment.
- The frequency of audits/prioritisation of areas will be determined based on the Risk Assessment process.
- The areas identified as high, very high, extremely high risk (based on the matrix) will be audited at shorter intervals as compared to medium and low-risk areas.
- The frequency of audit will be decided based on the following matrix

Risk Audit Matrix				
Inherent Risk ↑	High	Once in 9 months (A)(High Risk)	Once in 6 months (B)(Very High Risk)	Once in 3 months (C)(Extremely High Risk)
	Medium	Once in 12 months (D)(Medium Risk)	Once in 9 months (E)(High Risk)	Once in 6 months (F)(Very High Risk)
	Low	Once in 18 months (G)(Low Risk)	Once in 12 months (H)(Medium Risk)	Once in 9 months (I)(High Risk)
		Low	Medium	High
		→ Control Risk		

The Audit Plan will prioritize audit work to give greater attention to the areas of:

- (i) High Magnitude and high frequency
- (ii) High Magnitude and medium frequency
- (iii) Medium magnitude and high frequency
- (iv) High magnitude and low frequency
- (v) Medium Magnitude and medium frequency.

All the units/businesses/locations (Even Low Risk) of Manappuram Asset Finance should get audited at least once in 18 months.

The risk based internal audit plan prepared by the audit team should be reviewed by the management and presented to the Audit Committee for approval. The audit plan should be revisited periodically based on changes and dynamic risk assessments undertaken.

12. AUDIT EXECUTION

The internal audit execution will be undertaken by a combination of process audits, concurrent audits, file audits by way of offsite/remote auditing methods as well as physical verification and visits. IAD will perform the following types of audits to provide comprehensive assurance to the management and the Audit Committee:

- Process audit based on risk assessment
- Branch/field audit based on risk assessment
- Concurrent audit
- IT/System audits
- Thematic/forensic reviews

Based on the Internal Audit Plan, Head – Internal Audit in coordination with the IA team will ensure timely audit execution.

Use of data analytics, exception reporting, and automation tools is encouraged and all audits to be executed using standard audit programs and digital work papers.

The organization will strive to undertake audits through in-house audit resources. However, audits that require specialized skill sets and are not available within IAD may be performed with the help of experienced external auditors. The contract with the external auditor should specify the scope of work to be performed and critical terms.

Internal Audits shall be performed using Audit Programs defined for the specific type of audit/area being audited. Head – Internal Audit shall ensure appropriate working paper documentation for all the audits and activities performed for record and future reference.

13. AUDIT REPORT AND REPORTING OBSERVATION

- Audit Reports will be prepared in the standard format and issued following the conclusion of each engagement and will be distributed as appropriate.
- Audit reports must include;
 1. Risk rating of findings (high, medium, low)
 2. Root cause, implications, and risk ownership
 3. Time-bound action plans with agreed timelines
- The observations will be graded, classified in line with the agreed observation grading matrix.
- IAD will be responsible for appropriate follow-up activity on results from audit reports. The status of observations will be tracked until resolution and reported as part of the regular audit pack to the Audit Committee, including those observations that have not (yet) been addressed within an appropriate / agreed timeframe.

- Internal auditors shall support the external auditors for Follow-up on corrective actions. Follow-up involves monitoring the implementation of the audit recommendations and verifying that the corrective actions taken by the management have been effective.
- The summary of the status of the audit plan, key observations, open audit points will be presented to the Audit Committee quarterly.
- IAD will also assist in providing necessary information to RBI for Risk based Supervision and any other requirements.

14. CLOSURE OF OBSERVATIONS

All observations need to be closed within the timelines as provided below. These timelines are key to ensuring the systems are upgraded and improved to cover the identified risk areas.

Risk	Rectification/ Closure of Observation Timeline
High	7 days from the date of reporting
Medium	15 days from the date of reporting
Low	30 days from the date of reporting

There can be changes in the operational activities, systems, and controls during the period from publishing the internal audit report to the committed date of closure.

If due to any unforeseen circumstances, the auditee is unable to fix the issue and ensure closure of the observation, and/or if there are repeated observations, the auditee must get approval from management for extension of timelines or closure of the observation without fixing the issue as the risks have been mitigated with other controls/system upgrades.

Repeat audit observations, particularly in the High and Medium risk categories, shall be escalated to senior management and reported to the Audit Committee of the Board (ACB), along with details of action taken or reasons for continued non-resolution.

Any instance of false compliance, wherein an auditee department misrepresents the status of closure of audit observations or provides incorrect, incomplete, or misleading evidence of compliance, shall be treated as a serious violation of audit and governance protocols.

Upon identification of false compliance, the Internal Audit Department shall:

- Reclassify the observation as "Reopened due to False Compliance"
- Escalate the matter to the next higher authority, including the CEO and the MD
- Report the instance in the next quarterly submission to the Audit Committee of the Board (ACB), including details of misrepresentation and actions taken

15. COMMUNICATION

The communication channels between the risk-based internal audit staff and management should encourage reporting of negative and sensitive findings. All serious deficiencies should be reported to the appropriate level of management as soon as they are identified. Significant issues posing a threat to the business should be promptly brought to the notice of the Board of Directors, Audit Committee, or top management, as appropriate.

16. PERFORMANCE EVALUATION

Periodic Review

The Internal Audit Department should conduct periodical reviews, annually or more frequently, of the risk-based internal audit undertaken by it vis-à-vis the approved audit plan.

1. The performance review should also include an evaluation of the effectiveness of risk-based internal audits in mitigating identified risks.
2. External Quality Assurance Review (QAR) at least once every 3 years.
3. Use of KPIs (audit cycle time, issue closure rate, repeat observations) to measure performance
4. The Board of Directors/Audit Committee of Board shall periodically assess the performance of the risk-based internal audit annually for reliability, accuracy, and objectivity.
5. Variations, if any, in the risk profile as revealed by the risk-based internal audit vis-à-vis the risk profile as documented in the audit plan should also be investigated to evaluate the reasonableness of the risk assessment methodology of the Internal Audit Department.

17. STAFF ACCOUNTABILITY

Negligence by Auditor will be viewed seriously. In case any Auditor fails to report an irregularity during the verification and another verification authority identified irregularities in verified documents/Assets appropriate action will be initiated against the verified auditors.

18. CODE OF ETHICS FOR INTERNAL AUDIT DEPARTMENT

There are certain moral principles that the Internal Auditors should follow. These are illustrative and not exhaustive; these provide the basic guidelines to the Internal Auditors about the moral hazards and conflicts which they may face while carrying out Internal Audit assignments.

Integrity, Objectivity & Independence of Internal Auditor

- Internal auditors shall have an obligation to exercise honesty, objectivity, and diligence in the performance of their duties and responsibilities.
- All auditors must adhere to the IIA Code of Ethics, ICAI Code of Conduct, and maintain data confidentiality.
- Whistleblower and fraud reporting mechanisms must be periodically audited.
- Internal Auditors holding the trust of the organization, shall exhibit loyalty in all matters about the affairs of the organization.
- Internal Auditors shall refrain from entering any activity which may conflict with the interest of the organization.
- Internal Auditors shall not accept a fee or a gift from an employee, a contractor, or a supplier.
- Internal Auditor must be fair and must not allow prejudice or bias to override his objectivity. She/he should maintain an impartial attitude. The internal auditor should not, therefore, to the extent possible, undertake activities, which are or might appear to be incompatible with her/his independence and objectivity. For example, to avoid any conflict of interest, the internal auditor should not review an activity for which she/he was previously responsible.

- Internal Auditor should immediately bring any actual or apparent conflict of interest to the attention of the appropriate level of management so that necessary corrective action may be taken.

Confidentiality

- Internal auditors shall be prudent in the use of information acquired in the course of their duties. She/he shall not use confidential information for any personal reason or in a manner that would be detrimental to the interest of the organization.
- Internal Auditor should not disclose any such information to a third party, including employees of the entity, without specific authority of management/ client or unless there is a legal or professional responsibility to do so.

19. INTEGRATION WITH TECHNOLOGY

- Adopt audit management systems (AMS) for real-time tracking and documentation
- Leverage automation and AI tools for risk scoring, exception sampling, and trend analysis
- Build cybersecurity and resilience-focused audit modules, as per RBI cyber risk guidelines.

20. Training and Capacity Building

- Continuous training on risk assessment, forensic auditing, and IT systems.
 - Minimum of 40 hours annual training for audit staff
 - Periodic benchmarking against peers in NBFC/banking sector
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ANNEXURE 1 – INHERENT RISK RATING CRITERIA

Risk Impact Category	Low	Medium	High
Inherent Risk Score	1	2	3
Financial Reporting	Impact below INR ___ Crores. i.e., Less than 1% of PAT	The impact between INR ___ Crores and INR ___ Crores. i.e., 1% to 5% of PAT	Impact of more than INR ___ Crores, i.e., 5% of the PAT
Financial Impact	Financial transactions below INR 1 Lakh	Financial transactions between INR 1 Lakh to INR 5 Lakhs	Financial transactions above INR 5 Lakhs

Reputational	No reputational damage as news is not available to anyone other than key stakeholders.	Reputational damage due to information with the Clients, Vendors, and Investors	Widespread reputational damage due to public news and media coverage.
Regulatory	Non-compliances that may not result in any regulatory implications.	Non-compliances that could result in inspection comments or remarks from the regulator	Financial Penalty, Show-cause notice from the regulator and Potential Cancellation of License
Operational	Operational errors / lapses below 1%	Operational errors / lapses between 1% to 5% of the transactions.	Operational errors/lapses beyond 5% of the transactions.
Legal	Limited / No legal impact	Legal suits of medium impact/with the possibility of out of court settlements	Legal cases could result in financial penalties and regulatory fines for the Company, KMPs and Directors.

ANNEXURE 2 – CONTROL RISK RATING CRITERIA

SI No	Control Rating Category	Audit Report Rating and Compliance Status	Control Risk Score	Control Risk Rating	Weightage
1	Previous Internal Audit Report and Compliance Status	Satisfactory with no major pending open risks/gaps	3	Low	15%
		Needs Improvement with no or some pending open risks/gaps	2	Medium	
		Unsatisfactory with major pending open risks/gaps	1	High	
SI No	Control Rating Category	Changes in Business/Processes/Product	Control Risk Score	Control Risk Rating	Weightage
2	Proposed changes in business lines or changes in business focus or change in product/processes	Minor or no changes proposed/implemented since the previous audit	3	Low	10%
		Partial changes proposed/implemented since the previous audit	2	Medium	

		Major changes proposed/implemented since the previous audit	1	High	
SI No	Control Rating Category	Changes in Management / Key Personnel	Control Risk Score	Control Risk Rating	Weightage
3	A significant change in Management / Key Personnel	No Changes in the Management / Key Personnel	3	Low	15%
		Few changes in the Management / Key Personnel	2	Medium	
		Significant changes in the Management / Key Personnel	1	High	
SI No	Control Rating Category	Audit comments in regulatory or other examinations	Control Risk Score	Control Risk Rating	Weightage
4	Results of Regulatory examination report or any other audit	No negative comments or negligible comments	3	Low	20%
		Few negative comments/issues highlighted	2	Medium	
		Severe negative comments highlighted	1	High	
SI No	Control Rating Category	Industry Trends / Environmental Factors	Control Risk Score	Control Risk Rating	Weightage
5	Industry Trends / Environmental Factors	Growing industry trends/environment factors	3	Low	5%
		Status quo in industry trends / environmental factors	2	Medium	
		Adverse industry trends/concerns in the environmental factors	1	High	

SI No	Control Rating Category	Time Lapsed	Control Risk Score	Control Risk Rating	Weightage
6	Time elapsed since last audit	< 6 Months	3	Low	10%
		>6 Months x < 12 months	2	Medium	
		> 12 Months	1	High	
SI No	Control Rating Category	Volume and Complexity	Control Risk Score	Control Risk Rating	Weightage
7	The volume of Business and Complexity of Activities	Low Volumes or Less Complexity of Activities	3	Low	10%
		Medium level Volumes or Complexity of Activities	2	Medium	
		High Volumes or Complexity of Activities	1	High	
SI No	Control Rating Category	Variations against Targets	Control Risk Score	Control Risk Rating	Weightage
8	Substantial performance variations from targets (business volumes/performance numbers)	A variance of up to 10% between business targets and actual performance (underachievement or overachievement)	3	Low	5%
		A variance of greater than 10% but less than 20% between business targets and actual performance (underachievement or overachievement)	2	Medium	
		A variance of greater than 20% between business targets and actual performance (underachievement or overachievement)	1	High	

SI No	Control Rating Category	Business Strategy	Control Risk Score	Control Risk Rating	Weightage
9	Business Strategy of Company vis-a-vis Risk Appetite and Adequacy of Controls	Business Strategy factors overall risk appetite of the Company	3	Low	5%
		Business strategy is aligned with the risk appetite of the Company and control environment	2	Medium	
		Business strategy is not aligned with the risk appetite of the Company and Control environment	1	High	
SI No	Control Rating Category	Systems Environment	Control Risk Score	Control Risk Rating	Weightage
10	Systems environment and system-based controls	A highly automated environment with minimal manual controls (i.e., if 75% of the total controls are automated)	3	Low	5%
		Moderately automated environment with combination of manual & automated controls (30% - 75% automated controls)	2	Medium	
		High reliability on manual controls (less than 30% automated controls)	1	High	

ANNEXURE 3– RISK CLASSIFICATION OF BRANCHES TO FIX INSPECTION AUDIT

Inspection Risk classification are based on the scores provided to each branch. Such scores are determined based on the following conditions.

- **Irregularity Score** - Scores are assigned based on the severity of irregularities reported in the last year.

- **Branch Outstanding Score** - Scores are assigned based on the branch's outstanding.
- **Document Audit Irregularity Score** - Scores are assigned based on the number of document irregularities reported in the last year.
- **Auction Loss Score** - Score are assigned based on the Auction Loss reported during the last year.
- **Geographical Parameter Score** - Scores are assigned based on the number of months in which the irregularity benchmark was breached during the last 12 months in the particular location.
- **Security Audit Irregularity Score** - Scores are assigned based on the number of security irregularities reported in the last year.

The Branch Risk Category based on score:

BRANCH RISK CATEGORY	
Score	Risk Category
Above 30	High Risk
20-30	Medium Risk
Up to 20	Low Risk

The SOP will outline the individual scoring criteria for each of the parameters mentioned above.

Methodology for Risk Classification:

The revised classification is based on a composite score derived from the following weighted parameters:

RISK WEIGHTAGE	
Parameters	Score Weightage
GL Irregularity Score	20
Branch Outstanding Score	20
Document Audit irregularity Score	20
Auction loss Score	20
Geographical parameter	10

Security Aspects	10
Total	100

Risk Assessment will be done on monthly basis and the changes from this assessment will be carried out in the following manner:

Category	Risk Assessment Change implementation
High Risk to Medium/Low Risk	Yearly
Low Risk to Medium Risk	Quarterly
Medium/Low Risk to High Risk	Monthly

In addition to above modifications any branch reporting a monthly irregularity loss exceeding 500 grams will be classified as high risk in the next assessment. This classification will be applied regardless of current risk assessment criteria, emphasizing the priority of addressing significant losses promptly.

