



Registration of ASSOCIATED FIRMS

Section 500 of Institute's By-laws (On Professional Ethics, Conduct and Practice)

Particulars of Firm

((Please ✓ where applicable))

- A. New
- B. Changes in particulars: _____
Effective Date: _____/_____/_____

Firm Details

Firm Name:	Firm No.: AF / NF
Address:	Office No: <i>(Phone)</i>
	<i>(Fax)</i>

Details of Associated Firm

Please specify audit (AF) or non-audit (NF)

Full Name of Firm/s Associated with:	Office No: <i>(Phone)</i>
Firm/ Business Registration Number:	<i>(Fax)</i>
Address:	<i>((Mobile))</i>
	Email:
<i>(Postcode)</i>	<i>(State)</i>
Website Address:	

(If space is insufficient, a separate list may be annexed and signed)

- C. Documentary Evidence (supported by original/photocopies)
e.g. A confirmation letter/membership certificate from the body concerned.

Please turn to next page ↗

Declaration

I _____ (sole proprietor/ partner)* representing all the partners of my firm, confirm that the particulars stated in this form are correct.

Signature

Date

* Please delete whichever not applicable.

Note: Please complete this form by giving all the particulars requested. If you encounter any problem in completing the form, please contact the Secretariat (Membership Department) at : Tel: 03-22799200 Fax: 03-22799386/ 03-22741783 or Email: memberfirm@mia.org.my.

FOR OFFICE USE ONLY

Received by: _____ Updated by: _____ Verified by: _____