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**Application to set up AUDIT or NON-AUDIT Firm**

**Registration of Member Firms**

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

( Please ✓ where applicable )

TYPE		CATEGORY	
<input type="checkbox"/> Audit Firm	<input type="checkbox"/> Non-Audit Firm	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership

A.  New

B.  Change of Firm Name

Current Firm Name:	Firm No: (AF / NF)
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C.  Conversion (NF to AF)

Current Firm Name:	Firm No: (AF / NF)
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D.  Conversion (AF to NF)

Current Firm Name:	Firm No: (AF / NF)
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**A. Please provide 3 proposed names for the intended practice in CAPITAL BLOCK (For category A or B only)**

We wish to bring your attention to Section 500.2 of the Institute's By-laws (On Professional Ethics, Conduct and Practice) which reads as follows:

A member in public practice is not allowed to practise as a chartered accountant or licensed accountant other than -

- (a) in his or her own name, or
- (b) in the name or names of his or her partner or partners, being chartered accountants or licensed accountants; or
- (c) in the name of a firm existing at the time of the coming into operation of the Act or formed thereafter provided that the partners in Malaysia are eligible to be registered as chartered accountants or licensed accountants.

i.

ii.

iii.

**B. Please provide full name and details of sole proprietor/partners of the firm**

NAME	NRIC NO.	MEMBERSHIP NO.	C.A. /L.A.	PRACTISING CERTIFICATE NO.	AUDIT/ TAX LICENCE NO.

( Please state name according to I/C. If space is insufficient, a separate list may be annexed and signed)

Please turn to next page ↩

**C. Contact Details**

Correspondence Address:		Office No: <i>(Phone)</i>	
		(Fax)	
		(Mobile)	
(Postcode)	(State)	E-mail:	

**D. Type of Service Provided**

For **NON-AUDIT** firm only: *(Please ✓ appropriately)*

- Company Secretarial
- Data Processing / Management services
- Financial Accounting
- Financial Management
- General Management
- Management Accounting
- Management Consultancy
- Taxation [Sole proprietor/ at least one partner must be a tax agent licence holder under **Section 153 of the Income Tax Act**]  
*(Please enclose copy of tax licence)*
- Others *(Please Specify)*

For **AUDIT** firm only: *(Please ✓ appropriately)*

- Accounting
- Auditing
- Liquidation [Sole proprietor/ at least one partner must be a liquidator licence holder under **Section 8(5) of the Companies Act 1965**]  
*(Please enclose copy of liquidator licence)*
- Taxation [Sole proprietor/ at least one partner must be a tax agent licence holder under **Section 153 of the Income Tax Act**]  
*(Please enclose copy of tax licence)*
- Company Secretarial
- Financial
- Others *(Please Specify)*

**E. Signature/s of Sole Proprietor or All Partners**

i.	I _____ sole proprietor/ partner of the intended practice confirm that the particulars stated in this form are correct.  <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Signature</span> <span>Date</span> </div>
ii.	I _____ sole proprietor/ partner of the intended practice confirm that the particulars stated in this form are correct.  <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Signature</span> <span>Date</span> </div>
iii.	I _____ sole proprietor/ partner of the intended practice confirm that the particulars stated in this form are correct.  <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Signature</span> <span>Date</span> </div>

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

**IMPORTANT! Please enclose:**

- **For AUDIT firm only** – A copy of audit licence or audit licence approval letter of sole proprietor or partners.
- **For providing taxation services** – A copy of tax licence of sole proprietor or partners.

*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: _____	Processed by: _____	Verified by: _____
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