



MF

Registration of Member Firms (NON-AUDIT FIRM)

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

Particulars of Non-Audit Firm, Sole proprietor and Partners

(Please ✓ where applicable)

- A. New
- B. Changes in particulars (please ✓ any of the followings)

i. Address	<input type="checkbox"/>	Effective Date: _____ / _____ / _____
ii. Partners	<input type="checkbox"/>	Admission – Date: _____ / _____ / _____
	<input type="checkbox"/>	Resignation/Retirement – Date: _____ / _____ / _____
iii. Others	<input type="checkbox"/>	Effective Date: _____ / _____ / _____

Contact Details

(Please state a valid business premise address and contact)

<p>Firm Name:</p> <hr/> <p>Address:</p> <hr/> <hr/> <hr/>	<p>Non-Audit Firm No.: NF</p> <hr/> <p>Office No: <i>(Phone)</i></p> <hr/> <p><i>(Fax)</i></p> <hr/> <p><i>(Mobile)</i></p> <hr/> <p>E-mail:</p> <hr/> <p>Website Address:</p> <hr/>
<p>(Postcode) (State)</p>	

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

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

NAME	MEMBERSHIP/ PRACTISING CERT. NO.	C.A or L.A.	TAX LICENCE NO. (if any)	DATE ADMITTED AS A SOLE PROPRIETOR/ PARTNER

A. Date of Commencement/ Ceased Operation: _____

Please turn to next page ↗

B. Name of Sole Proprietor/ Managing Partner: _____
 [Sole proprietor/ managing partner will be fully responsible for the online and manual updates of the firm particulars]

C. No. of Staff: _____ (HQ and Branch)

D. From total number of staff, please complete the breakdown below:

- a. Staff with MIA Membership
- b. Staff without MIA Membership

E. From total number of staff, please complete breakdown below:

- No of Senior Manager
- No of Manager
- No of Assistant Manager
- No of Senior Executive
- No of Executive
- No of Non-Executive

F. From total number in a, please complete breakdown below:

- Staff in Managerial Level
- Staff in Non-Managerial Level

G. From total number in b, please complete breakdown below:

- Accounting related
- Non-Accounting related

Type of Service Provided

(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)

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 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: _____