

Application for membership

Name of applicant firm:

Address of principal office:

For all applications, evidence must be submitted that all partners, stockholders and/or principals are licensed to practise audit assurance and accounting in the practice's jurisdiction and that you have abided by the global requirement that Professional Indemnity Insurance (PII) is in force against any claims arising from the applicant's professional work at all times. Confirmation is also required of the completion of Continuing Professional Development (CPD) in accordance with the By-Laws in the periods preceding the application. Applicants must satisfy the Board of Partners of McMillan Woods Global, as being fit and proper persons to undertake public practice.

Please complete all details below:

The firm of < **Name of your firm** > hereby applies for independent membership in *McMillan Woods Global* (McMWG) and agrees, if elected to membership, to abide by all the rules and regulations set forth in the *McMillan Woods Global* (McMWG) By-Laws or hereafter adopted by the McMWG.

We submit, herewith, the "*Confidential information form*" (see below) for Prospective Member Firms < A copy of the Accession Agreement together with the By-Laws will be sent separately upon approval >

Upon receipt and in consideration of the yearly application fee, McMWG hereby grants a non-exclusive licence to INDEPENDENT MEMBER to use the registered service mark "*McMillan Woods Global*" for audit assurance, taxation advisory, accounting, management advisory and related professional services.

Upon approval, an INDEPENDENT MEMBER expressly agrees that McMWG retains full ownership of the mark and that the INDEPENDENT MEMBER agrees to maintain the quality of any services offered and/or provided under the mark, commensurate with the business positions of the parties involved to ensure that the quality is maintained at all times. An INDEPENDENT MEMBER agrees to display *McMillan Woods Global* logo in all their correspondences and offices.

SIGNED BY:

M/s

FOR:

< **Name of your firm** >

DATE:

Day / Month / Year

Confidential information form

For membership to McMWG, please complete the following:

1. Name of firm : _____
2. Date of incorporation : _____
3. Principal office address : _____
4. Telephone number : < International code followed by number >
 Facsimile number : < International code followed by number >
5. Email address : _____
6. Website address (if any) : _____
7. Location of any other offices : _____
8. Number of personnel in all offices:
 - Partners : _____
 - Professionals : _____
 - Clerical & Administration : _____
 - Others : _____
 - Total** : _____
9. Net fee income : < US\$ equivalent >

	Latest Completed Year Amount < Current Year >	%	Next Projected Year Amount < Next Year >	%
Audit assurance		%		%
Review & management advisory		%		%
Insolvency & liquidation		%		%
Accounting (if any)		%		%
Tax advisory		%		%
Other related services		%		%
Total (US\$ equivalent)		100%		100%

Other relevant information (e.g. office space; software in use; professional licences held):

10. Fiscal year-end date:

11. Please describe the principal geographic area covered by the firm's practice.

12. Please list the firm's principal areas of specialisation.

13. What do you and/or your partner(s) consider are the firm's principal strengths?

14. What do you and/or your partner(s) consider are the firm's principal weaknesses?

15. Is the firm willing to share financial expertise, technical information and specialised knowledge with other members of McMWG within the branch offices and/or regions?

YES NO

16. Has the firm and/or any other partner(s) been involved in litigation for alleged non-compliance with professional standards, lack of professional independence or felonies which resulted in censure, reprimand, suspension or expulsion by any professional organisation or institute?

YES NO

If yes, please explain:

17. Are all partners and/or stockholders of the firm, members of the appropriate state or national accounting institute and/or society?

YES NO

18. On what committees, if any, are you and/or your partner(s) currently serving at the state or national accounting institute and/or society?

19. Would your firm be willing to submit to a Quality Control Review of its accounting and auditing assurance practice by a review team appointed and/or selected by McMWG?

YES NO

If not, please explain:

20. Is your firm insured for Professional Indemnity Insurance (PII) purposes?

YES NO

If yes, please indicate the amount of the insurance coverage, the insurance company and whether you consider the coverage to be adequate (bearing in mind the local statutory requirement):

If your firm is not insured, please explain why:

21. Is your firm currently a member of another international association?

YES NO

22. Has your firm been a member of an international association in the past?

YES NO

If yes, why did your firm decide to leave that association?

23. What is your expectation as a result of joining McMWG, both regionally and internationally?

24. With what countries do you and your clients have professional contacts?

25. Does your firm plan to participate actively in McMWG?

YES NO

If yes, what committees/networks/industry groups would you like to be active?

26. Have partner profiles for each active partner been included with this application?

YES NO

27. Has a copy of your firm's brochure been included (if any)?

YES NO

Confidential information form (Continued)

28. A copy of your firm's most recent "Quality Control Review" and/or "Peer Review report" and corresponding letter of comments is required (if applicable). Have these documents been included?

YES NO

29. A copy of the firm certification of incorporation, partners' passports and/or identity cards to include any other relevant supporting documents to be enclosed to include two (2) passport photographs.

YES NO

Private & Confidential

The information on this "*Confidential information form*" is submitted with the understanding that it is to be used solely to evaluate the firm's eligibility for membership in McMWG and for no other purposes. The preceding information is, to the best of my knowledge, true and accurate.

Quality Control Review

Upon appending my signature on behalf of the firm, I formally request for an appointed Representative of McMillan Woods to carry out a Quality Control Review (QCR) visit which is subject to a formal approval by the Board, I understand there is no joining fee nor a QCR visit fee with the exception of any direct disbursements incurred in the carrying out of the said duties and responsibilities of a QCR visit.

Email addresses of McMillan Woods

I also confirm that upon receipt of a formal approval from McMillan Woods, I shall apply for the use of the **network email addresses** within three (3) months from the date of the formal approval with the exception where the statutory restrictions within each local country's legislation and rules apply.

Declaration

We declare THAT the information provided in this Application is true and accurate and that the named persons are of good reputation and character, with no criminal convictions or whatsoever and that there are no pending civil actions or court actions relating to our professional business activities.

Signature :

Prepared by :

Name of firm :

Date :

Partners' profile

Name :

Date of birth / Age :

Gender :

Residential address :

Email address :

Billing rate per hour : < US\$ equivalent >

Education and prior work experience :

Firm administration responsibilities :

Principal areas of practice :

Present and past professional activities :

Present and past community activities :

< Please repeat the “Partners' profile” where necessary! >

Contact details

Contact details:

McMillan Woods Global : Dato' Yul Shin Kok
: Ms Lynda Leong
: Ms Pennie Chin
: Ms Windy Ho
: Ms Amy Tan
: Ms Thisa Loong
: Ms Hazel Chow

Offices	: Global correspondence	London, United Kingdom
	305, 502 & 503 Block E Phileo Damansara 1 9 Jalan 16/11 Off Jalan Damansara 46350 Petaling Jaya Selangor Darul Ehsan Malaysia	Ashfields Suite International House Cray Avenue Orpington Kent BR5 3RS United Kingdom

Telephone : +603-7665 1738

Facsimile : +603-7665 1739

Emergency phone (only) : +6012-382 1768

Email : yulshin@mcmillanwoods.com

General email : info@mcmillanwoods.com

Global Secretariat Office : secretariat@mcmillanwoods.com

www.mcmillanwoods.com

www.mcmillanwoodsglobalawards.com