

MEMBERSHIP APPLICATION FORM*(For Member Firms)***YEAR 2025-2026****SECTION A – CONTACT DETAILS**

| | | | |
|---|---------------|--|--|
| Name of Member Firm | | | |
| Name of Contact Person | | | |
| Capacity in which Contact Person is Acting | | | |
| Email Address of Contact Person | | | |
| E-mail of Member Firm | | | |
| Website (Optional) | | | |
| Type of entity | | | |
| Business Registration Number | | | |
| Correspondence Address | | | |
| Phone | Mobile | | |

SECTION B – PRACTISING DETAILS

| | |
|---|--|
| Date you intend to commence practising | |
| Total Number of MIPA Members | |

SECTION C – PARTNERS/DIRECTORS

| | |
|--|----|
| Name of Firm/Company in which the partner(s)/director(s) of this entity are involved as Partner/Director | 1. |
| | 2. |
| | 3. |
| In what capacity are the partner(s)/director(s) of this entity involved in the Firm/Company specified above | 1. |
| | 2. |
| | 3. |

SECTION C – LIST OF PARTNERS / DIRECTORS

| Name | NIC No. | Title / Position at Work | MIPA Registration No. |
|------|---------|--------------------------|-----------------------|
| | | | MRN / |
| | | | MRN / |
| | | | MRN / |
| | | | MRN / |
| | | | MRN / |
| | | | MRN / |

SECTION D – LIST OF MIPA MEMBERS *(other than partners/directors)*

| Name | NIC No. | Title / Position at Work | MIPA Registration No. |
|------|---------|--------------------------|-----------------------|
| | | | MRN / |
| | | | MRN / |
| | | | MRN / |
| | | | MRN / |
| | | | MRN / |
| | | | MRN / |
| | | | MRN / |
| | | | MRN / |
| | | | MRN / |
| | | | MRN / |

SECTION E – PROFESSIONAL INDEMNITY INSURANCE

| | |
|-------------------|--|
| Insurance Company | |
| Policy Number | |
| Valid up to | |
| Amount Insured | |

SECTION F – PRACTICE DETAILS

Please indicate your organisation's main specialism with a tick (✓) in the column below.

| | | | | | |
|----|----------------------------------|--|----|-----------------------------|--|
| 1 | Management Accounting | | 11 | Planning & Strategy | |
| 2 | Financial Management | | 12 | Training or Human Resources | |
| 3 | Taxation | | 13 | Practice Management | |
| 4 | Internal Audit | | 14 | Global Business | |
| 5 | Statutory Audit | | 15 | Administration | |
| 6 | Corporate Accounting & Reporting | | 16 | Company Secretarial | |
| 7 | Management Consultancy | | 17 | Pensions | |
| 8 | Investment Advice | | 18 | Marketing | |
| 9 | Insolvency and/ or Recovery | | 19 | Information Technology | |
| 10 | Treasury | | 20 | Other (Please specify) | |

SECTION G(i) – AML/CFT ACTIVITIES

Please indicate if you prepare or carry out transactions concerning the following activities with a tick (✓) in the column below.

| | List of Activities as Per Recommendation 22 of the Financial Action Task Force | Yes | No |
|----|--|-----|----|
| a) | Buying and selling of real estate | | |
| b) | Managing of client money, securities, or other assets | | |
| c) | Management of bank, savings, or securities accounts | | |
| d) | Organisation of contributions for the creation, operation or management of legal persons such as a company, a foundation, a limited liability partnership or such other entity as may be prescribed | | |
| e) | Creating, operating or management of legal persons or arrangements, and buying and selling of business entities | | |
| f) | Creating, operating or management of legal persons such as a company, a foundation, an association, a limited liability partnership or such other entity as may be prescribed, or legal arrangements, and buying and selling of business entities | | |
| g) | another person to incorporate, register or set up, as the case may be, a company, a foundation, a limited liability partnership or such other entity as may be prescribed | | |
| h) | providing a registered office, a business address or an accommodation, a correspondence or an administrative address for a legal person such as a company, a foundation, a limited liability partnership or such other entity as may be prescribed; or | | |
| i) | acting, or causing for another person to act, as a nominee shareholder for another person. | | |

Note: Failure to provide accurate and true information to this section is a breach of section 19J(4) of FIAMLA.

SECTION G (ii) – AML/CFT ACTIVITIES

Please indicate if your client/s prepares or carries out transactions concerning the following activities with a tick (✓) in the column below.

| | List of Activities as Per Recommendation 22 of the Financial Action Task Force | Yes | No |
|----|--|-----|----|
| a) | Buying and selling of real estate | | |
| b) | Managing of client money, securities, or other assets | | |
| c) | Management of bank, savings, or securities accounts | | |
| d) | Organisation of contributions for the creation, operation or management of legal persons such as a company, a foundation, a limited liability partnership or such other entity as may be prescribed | | |
| e) | Creating, operating or management of legal persons or arrangements, and buying and selling of business entities | | |
| f) | Creating, operating or management of legal persons such as a company, a foundation, an association, a limited liability partnership or such other entity as may be prescribed, or legal arrangements, and buying and selling of business entities | | |
| g) | another person to incorporate, register or set up, as the case may be, a company, a foundation, a limited liability partnership or such other entity as may be prescribed | | |
| h) | providing a registered office, a business address or an accommodation, a correspondence or an administrative address for a legal person such as a company, a foundation, a limited liability partnership or such other entity as may be prescribed; or | | |
| i) | acting, or causing for another person to act, as a nominee shareholder for another person. | | |

Note: Failure to provide accurate and true information to this section is a breach of section 19J(4) of FIAMLA.

SECTION H – BUSINESS SECTOR

Please tick (✓) boxes below to indicate the nature of your company's business.

| | | |
|----|--|--|
| 1 | Agriculture, Forestry, Fisheries | |
| 2 | Building, Construction, Civil Engineering | |
| 3 | Business Services / Consultancy | |
| 4 | Catering, Hotels, Tourism | |
| 5 | Distribution – Retail and/ or Wholesale | |
| 6 | Financial Services / Property – Banking, Insurance, Investment Management Companies, Security Dealing, Property and Real Estate | |
| 7 | Food, Drink and Tobacco | |
| 8 | Government, Public Sector, Regulatory Bodies etc. | |
| 9 | Industry – Tools, Chemicals / Plastics, Textiles, Pharmaceuticals, Domestic Products, Electrical Goods, Electronics, Furniture/ Wood Products, Printing, Packaging | |
| 10 | Media – Arts, Entertainment, Publishing, etc. | |
| 11 | Utilities – Power, Electricity, Gas, Water Supply | |
| 12 | Social Services, Health and Education | |
| 13 | Transport Storage, Shipping, Telecommunications | |
| 14 | Professional services as defined under the Financial Reporting Act (Accounting, Auditing Taxation, Bookeeping, ect...) | |
| 15 | Other (<i>Please specify</i>) | |

SECTION I – DECLARATION

On behalf of the Member Firm, I hereby declare that:

- At least half of the partners of the firm/half of the directors of the company are registered as Public Accountants (PBA) with MIPA.
- The firm and the partners individually undertake that they shall be bound by the disciplinary provisions of the rules of MIPA.
- The firm and the partners individually undertake that they will observe and comply with the Financial Reporting Act and other laws, rules and regulations, policies, and guidelines issued by MIPA and have read the IFAC Code of Ethics issued by the IESBA and comply with the same.
- I confirm that to the best of our knowledge, no partner or MIPA Member from the firm has been convicted or found guilty of any criminal offence in any country.
- The firm holds up-to-date Professional Indemnity Insurance or holds such other financial guarantees as the MIPA may determine.
- If there is a change in the firm's particulars, I undertake to inform MIPA within 30 days of this change.

- The firm has made arrangements for the continuity of its practice in the event of incapacity
- I confirm all details are accurate and will notify MIPA of any changes within 30 days.

Date: _____

Signature: _____

Name of Partner/Director signing on behalf of the firm/company: _____

Stamp of firm:

SECTION J – FEES

| | Application Fee | Rs | Annual Fee | Rs |
|------------------|-----------------------|----|-----------------------|----|
| Member Firm (MF) | __ Members x Rs 2,000 | | __ Members x Rs 2,000 | |
| Total payable | | | | |

SECTION K – DOCUMENT TO BE SUBMITTED

Please ensure the following are attached

- Copy of the trade licence and the latest receipt of the renewed licence (if applicable)
- Copy of the business registration card
- Copy of Professional Indemnity Insurance
- Copy of the Letterhead of the firm
- Copy of the PBA Certificate of each Partner/Director
- Copy of the National Identity Card/Passport of each Partner/Director
- Copy of the Continuity Practice Agreement
- Certificate of incorporation or other registration document with the Registrar
- Shareholding structure

Note: Missing documents may lead to a delay or rejection of your application