

CONFIDENTIAL
PROSPECTIVE FIRM MEMBERSHIP APPLICATION

Thank you for your interest in Integra International. Please complete and return this confidential application to Integra International as shown below. If you have any questions please e-mail or call us. Complete all questions and place an N/A if it does not apply.

Firm name: _____

Firm Type: _____
(Partnership, Limited Liability Company, etc.)

Date Founded: _____

Principal Office Address: _____

Telephone number: _____ Fax number: _____

E-mail of Contact: _____ Web site: _____

Confidential information

1. Firm Details

a – Country/Geographic location: _____

b – Managing partner/shareholder: _____

c – Contact partner/shareholder: _____

d – Number of partners/shareholders: _____

e – Number of professional staff:
(Not including partners/shareholders) _____

f – Number of paraprofessional staff:
(Perform professional work but without a formal degree) _____

g – Number of clerical staff: _____

h – Number of offices: _____
(Please attach addresses of each if more than one)

i – Number of clients (approximately): _____

j – Number of international clients: _____

k – Languages Spoken at the firm: _____ by _____ person(s)
_____ by _____ person(s)
_____ by _____ person(s)

l – Countries in which you do business: _____

m – Describe the principal geographic area covered by the firm’s practice:

n – Firm specialties, niche markets, industries served:

o – Gross annual fee income of the last two years, in your local currency:

Previous year: _____

Second previous year: _____

p – Approximate fee breakdown (in %):

| | | | |
|--------------------------------------|--|-----------------------------------|--|
| Accounting | | Liquidations | |
| Auditing – private companies | | Valuation and Forensic Accounting | |
| Auditing – publicly traded companies | | Estate Planning & Management | |
| Tax Compliance | | Investment Advice | |
| Tax Consulting | | Mergers & Acquisitions | |
| Management Consulting | | Training | |
| Corporate Finance | | Other (specify | |
| | | | |

2. References:

Bank _____ Contact Name _____

Telephone _____ Email _____

Lawyer _____ Contact Name _____

Telephone _____ E-mail _____

Other _____ Contact Name _____

Telephone _____ E-mail _____

Other _____ Contact Name _____

Telephone _____ E-mail _____

3. Partner Information (attach further details if necessary):

Please complete the below information for each *active partner*:

Name: _____
Professional degrees, licenses,
credentials: _____
Summary of professional
experience: _____
Number of years with the firm/as
partner: _____
Areas of expertise: _____
Hourly billing rate in your currency: _____

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partner: _____
Areas of expertise: _____
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Name: _____
Professional qualifications: _____
Summary of professional
experience: _____
Length of service: _____
Specialist areas of expertise: _____
Hourly billing rate in your currency: _____

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4. Additional Information:

a. What do you consider to be your firm's principal strengths?

b. What do you consider to be your firm's principal weaknesses?

c. Is your firm willing to share financial, management and technical information with other members of Integra International? Yes No

d. Has the firm or any partner been involved in litigation for alleged noncompliance with professional standards, lack of independence, or felonies which resulted in censure, reprimand, suspension or expulsion by any licensing body or professional organization? Yes No

If yes, please explain:

e. Are all partners/stockholders/principals licensed to practice accounting in the firm's jurisdiction? Yes No

f. Are all partners/stockholders/principals of the firm members of the recognized state or national accounting society/institute? Yes No

g. On what committees, if any, are partners currently serving on at the state or national level?

h. Would your firm be willing to submit a review of the firm's work products by a review team appointed or selected by Integra International? Yes No

If not, please explain:

i. Does your firm have professional liability insurance/indemnity? Yes No

If yes, please indicate the amount of the insurance coverage, the carrier, and whether you consider the coverage to be adequate:

j. Is your firm currently a member of another international association? Yes No

If yes, why do you want to change association and join Integra International?

k. Has your firm belonged to an international association in the past? Yes No

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

l. Does your firm plan to participate actively in Integra International by attending conferences,

serving on a committee or local governing body? Yes No

If yes, what committees, industry groups or governing body would you like to be active in?

m. Have partner profiles for each active partner been included with this application? Yes No

n. Has a copy of your firm's brochure(s) been included? Yes No

o. Has your firm had a Quality/Peer Review: Yes No

If yes: a – Type of report issued _____

b – Letter of comments? Yes No

If yes, number of comments _____

c – Please attach a copy of the last report and letter to this application

5. Future plans for the development of firm:

6. Please let us know why the firm is interested in joining an international association:

7. How did you heard about Integra International:

8. Application for Membership

The firm _____ hereby applies for independent membership in Integra International and agrees, if granted membership, to abide by all the rules and regulations set forth in the Integra International Bylaws and Code of Professional and Ethical Conduct. We also agree not to join another international association of firms while a member of Integra International.

We herewith submit the **Confidential Prospective Firm Membership Application** and a signed **Code of Professional and Ethical Conduct**.

Upon receipt and in consideration of the initial entrance fee and annual membership fee, Integra International hereby grants non-exclusive worldwide permission to INDEPENDENT MEMBER to use the registered service mark “Member of Integra International” in its promotional materials, business cards, website and letterhead.

INDEPENDENT MEMBER expressly agrees that Integra International retains full ownership of the mark, and INDEPENDENT MEMBER agrees to maintain the quality of services offered and/or sold and provided, commensurate with the business positions of the parties involved to ensure that the quality is maintained. INDEPENDENT MEMBER agrees to display Integra International logo on their web site and other promotional material in accordance with the Integra Style Guide.



Completed by: _____ Date: _____

SIGNATURE: _____

This application should be submitted by e-mail to:

| | |
|--|---|
| For Africa, Europe, India, Middle East (AEIME) | For Americas - North, Central, South; Asia, Australia and New Zealand (AAANZ) |
| Integra International Attn: Mr. Joan Lliteras AEIME New Member Manager jliteras@integra-international.net Questions: +34 646 817 204 | Integra International Attn: Gerry Herter AAANZ Membership Manager Gerry.herter@integra-international.net Questions: +1 714 505 9000 |