

CONFIDENTIAL PROSPECTIVE MEMBER FIRM APPLICATION

Thank you for your interest in Integra International. Please complete and return this confidential application to Integra International at the administration office address below. If you have any questions, please contact us by email or the telephone number listed below.

Firm name: _____

Constitution: _____
(partnership, limited liability company, etc.)

Date of Constitution: _____

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 qualified professional staff: _____
(without 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 and size of each if more than one)
- i – Number of clients (approximately): _____
- j – Number of international clients: _____

INTEGRA INTERNATIONAL[®]

YOUR GLOBAL ADVANTAGE

INTEGRA (INTERNATIONAL) LIMITED 1st Floor, Sackville House · 143-149 Fenchurch Street
London, EC3M 6BN · England · www.integra-international.net

k – Languages Spoken _____ by _____ person(s)
_____ by _____ person(s)
_____ by _____ person(s)

l – Countries in which you do business _____

m – Please describe the principal geographic area covered by the firm's practice:

n – Firm specialties/niches / specialist areas of work / knowledge of particular industries

o – Gross annual fee income of the last two years, in your local currency:
Most recent year: _____
Previous year: _____

p – Approximate fee breakdown (in %):

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

2. References:

Bank _____ Contact Name _____
Telephone _____

Lawyer _____ Contact Name _____
Telephone _____

Other _____ Contact Name _____
Telephone _____

3. Particulars of Partners (attach further details if necessary)

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

Name: _____
Professional qualifications: _____
Summary of professional experience: _____
Length of service: _____
Specialist areas of expertise: _____
Billing rate per hour in your local
currency: _____

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4. Other questions:

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 professional organization?

Yes No

If yes, please explain:

e. Are all partners, stockholders or principals licensed to practice accounting in the practice's jurisdiction?

Yes No

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

Yes No

g. On what committees, if any, are you or your partners currently serving at the state or national accounting institute?

h. Would your firm be willing to submit a review of its accounting and auditing practice by a review team appointed or selected by Integra International?

Yes No

If not, please explain:

i. Is your firm insured for Professional Indemnity purposes?

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 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?

Yes No

If yes, in which committees/industry/interest groups would you like to be active?

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 give your reasons for seeking an international association:

7. Where have you heard about Integra International:

8. Application for Membership

The Firm _____ hereby applies for independent membership in Integra International (I.I.) and agrees, if elected to membership, to abide by all the rules and regulations set forth in the I.I. Bylaws, or hereafter adopted by the I.I.

We herewith submit the **Confidential Prospective Member Firm Application**.

Upon receipt and in consideration of the initial entrance fee and annual membership fee, I.I. hereby grants a non-exclusive worldwide license to INDEPENDENT MEMBER to use the registered service mark "Integra International" for auditing, tax accounts and management advisory services.

INDEPENDENT MEMBER expressly agrees that I.I. retains full ownership of the mark, and INDEPENDENT MEMBER agrees to maintain the quality of any services offered and/or sold and provided under the mark, commensurate with the business positions of the parties involved to ensure that the quality is maintained. INDEPENDENT MEMBER agrees to display Integra International logo.

Completed by: _____ Date: _____

SIGNATURE:
