

# REGISTRATION FORM FOR ACCOUNTING FIRMS

PLEASE COMPLETE THE DETAILS BELOW IN **BLOCK LETTERS.**

## SECTION A

NAME OF  
FIRM/CORPORATION:

REGISTRATION NUMBER:

DATE OF REGISTRATION:

PRIMARY NATURE OF  
BUSINESS:

SECONDARY NATURE OF  
BUSINESS:

ADDRESS OF FIRM:

POSTAL ADDRESS  
(IF DIFFERENT FROM  
ABOVE):

CONTACT NO.:

 (O)  (FAX)

EMAIL ADDRESS:

IS THE FIRM/CORPORATION A MEMBER OF OF A FOREIGN FIRM/CORPORATION?

YES  NO

IF YES PLEASE STATE THE NAME:

## SECTION B: PARTNER(S)

STATE THE COMPOSITION OF PARTNERS/DIRECTORS OF THE FIRM:

NUMBER OF LOCAL PARTNERS/DIRECTORS

NUMBER OF FOREIGN PARTNERS/DIRECTORS

TOTAL NUMBER OF PARTNERS/DIRECTORS

**SECTION C: PARTNER(S)/DIRECTOR(S)**

**DETAILS OF MANAGING PARTNER/DIRECTOR (PARTNER/DIRECTOR 1)**

NAME (AS STATED IN  
IDENTITY CARD/PASSPORT):

BRUNEI IC NO. AND COLOUR:

HIGHEST QUALIFICATION  
ATTAINED:

PUBLIC ACCOUNTANT REGISTRATION NUMBER:

DATE OF ISSUE:

**DETAILS OF PARTNER/DIRECTOR 2**

NAME (AS STATED IN  
IDENTITY CARD/PASSPORT):

BRUNEI IC NO. AND COLOUR:

HIGHEST QUALIFICATION  
ATTAINED:

PUBLIC ACCOUNTANT REGISTRATION NUMBER:

DATE OF ISSUE:

**DETAILS OF PARTNER/DIRECTOR 3**

NAME (AS STATED IN  
IDENTITY CARD/PASSPORT):

BRUNEI IC NO. AND COLOUR:

HIGHEST QUALIFICATION  
ATTAINED:

PUBLIC ACCOUNTANT REGISTRATION NUMBER:

DATE OF ISSUE:

**SECTION B: EMPLOYEES**

STATE THE NUMBER OF STAFF EMPLOYED BY THE FIRM/CORPORATION:

DESIGNATION	LOCALS	FOREIGNERS
MANAGER		
ACCOUNTANT/AUDITOR		
GENERAL STAFF		
OTHERS (PLEASE STATE)		
TOTAL NUMBER OF EMPLOYEES		

**SECTION D: SUPPORTING DOCUMENTATION**

THE FOLLOWING MUST BE ATTACHED TOGETHER WITH THIS FORM:

- COPY OF CERTIFICATE OF REGISTRATION OF BUSINESS OR INCORPORATION OF COMPANY
- COPY OF CERTIFICATE OF REGISTRATION OF PUBLIC ACCOUNTANT
- COPY OF CERTIFICATE OF ORDINARILY RESIDENT STATUS FOR FOREIGN PARTNER(S), IF APPLICABLE
- SHORT COMPANY PROFILE (MAXIMUM 2 PAGES) - WHICH MUST INCLUDE:
  - LOCALISATION PROGRAM
  - EXPANSION PLAN
  - CORPORATE SOCIAL RESPONSIBILITY (CSR) WORK
  - TRAININGS FOR STAFF AND PUBLIC
  - CURRENT NUMBER OF CLIENTS (AUDIT AND NON-AUDIT)

**SECTION E: DECLARATION**

I, \_\_\_\_\_ (NAME OF MANAGING PARTNER), THE UNDERSIGNED, HEREBY DECLARE THAT THE INFORMATION CONTAINED IN OR RELATING TO THIS APPLICATION AND THE SUPPORTING DOCUMENTS ATTACHED ARE TRUE AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT I HAVE NOT WILFULLY SUPPRESSED ANY MATERIAL FACT.

\_\_\_\_\_  
SIGNATURE OF APPLICANT (MANAGING PARTNER)

DATE: \_\_\_\_\_

**SECTION F: FOR INTERNAL USE ONLY**

RECEIVED BY: \_\_\_\_\_

RECEIVED DATE: \_\_\_\_\_