



Practice Continuation Arrangement (PCA)

Section 520 of the Institute's By Laws: Death or Incapacity of a Sole Practitioner

Firm Details

| | |
|------------|------------------------------|
| Firm Name: | Firm No.: AF / NF |
| Address: | Office No: <i>(Phone)</i> |
| | <i>(Fax)</i> |
| | <i>(email)</i> |

Details of Practice Continuation Arrangement (PCA)

Official Agreement Date: _____ Expiry Date (if any): _____

Detail of Person in Agreement with:

| Title | Full Name (as per MyKad) | MyKad No. | MIA Membership No. | Contact No. |
|-------|--------------------------|-----------|--------------------|-------------|
| | | | | |
| | | | | |
| | | | | |

Detail of Firm in Agreement with:

| Firm No. | Firm Name | Address | Tel No. |
|----------|-----------|---------|---------|
| | | | |

Declaration

I _____ (sole proprietor) of the firm, confirm that the particulars stated in this form are correct.

Signature

Date

Note: Please complete this form by giving all the particulars requested. If you encounter any problem when completing the form, please contact the Membership & Education Department at : Tel: 03-2722 9000 Fax: 03-2722 9100 or Email: memberfirm@mia.org.my

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|----------------------------|-------------------|--------------------|
| FOR OFFICE USE ONLY | | |
| Received by: _____ | Updated by: _____ | Verified by: _____ |