



AMERICA EUROPE ASIA AFRICA OCEANIA

UC&CS GLOBAL, S. DE R. L. DE C. V.

APPLICATION FOR MEMBERSHIP

CONFIDENTIAL INFORMATION FORM

1. Firm name:

2. Date organized: _____

3. Principal Office Address:

4. Telephone Numbers:

5. Fax Number

6. E-MAIL:

7. Location (City, State/ Province) of any other offices:

8. Number of personnel in all offices:

Partners	_____
Professionals	_____
Paraprofessionals	_____
Clerical/ Admin.	_____

TOTAL



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9. Net fee Revenue (Accrual-basis revenue less billing adjustments)

	EUROS			
	<u>Latest Completed</u>		<u>Next Projected</u>	
	<u>Year Amount</u>	<u>%</u>	<u>Year Amount</u>	<u>%</u>
Audit	_____	_____	_____	_____
Accounting	_____	_____	_____	_____
Fiscal	_____	_____	_____	_____
Legal	_____	_____	_____	_____
IT	_____	_____	_____	_____
Corporate Finance	_____	_____	_____	_____
Advisory	_____	_____	_____	_____
Other	_____	_____	_____	_____
Total (€)	_____	_____	_____	_____

10. Please describe the principal geographic area covered by the firm's practice.

11. Please list the firm's principal industries or areas of specialization

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



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13. What do you consider to be the firm's principal weaknesses?

14. Is the firm willing to share financial, management and technical information with other members of UC&CS GLOBAL, S. DE R. L. DE C. V. ?

_____ **YES OR NOT**

Explain_____

15. Has the firm or any partner been involved in litigation for alleged non compliance with professional standards, lack of independence, or felonies which resulted in censure, reprimand, suspension or expulsion by any professional organization ?

_____ **YES OR NOT**

Explain_____

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

_____ **YES OR NOT**

If not, please explain:_____

17. Would your firm be willing to submit to a review of its professional practice by a review team appointed or selected by UC&CS GLOBAL, S. DE R. L. DE C. V. ?

_____ **YES OR NOT**

If not, please explain:_____



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**18. Is your firm insured for Professional Indemnity purposes?
_____ YES OR NOT**

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

If your firm is not insured, please explain why:

19. Is your firm currently a member of another international association ? , if so, which association?

**20. Has your firm belonged to an international association in the past, and if so, why did your firm decide to leave that association?
Explain_____**

**21. In what areas do you feel membership in UC&CS GLOBAL, S. DE R. L. DE C. V. will benefit your firm ?
Explain_____**

**22. Have the documents requested on the attached " Checklist of Enclosures" been included with this application ?
_____ YES OR NOT**



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The information on this Confidential Information Form is submitted with the understanding that it is to be used solely to evaluate the firm's eligibility for membership in UC&CS GLOBAL, S. DE R. L. DE C. V., and for no other purpose. The preceding information is , to the best of my knowledge, true and accurate.

Date: _____

Prepared By: _____
Partner in Charge of the Firm

Signature: _____



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CHECK LIST OF ATTACHMENTS

Please include the following documents:

- 1.** Bylaws
- 2.** Articles of Incorporation
- 3.** Legal reforms-changes to the Bylaws
- 4.** Last annual tax return and conversion to USD and Euros
- 5.** Company presentation
- 6.** Partners Resume
- 7.** Partners copy of professional graduation title
- 8.** Partners copy of last certification
- 9.** List of main clients
- 10.** Website
- 11.** Office and Partners photographs



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g. Present and past professional activities

h. Present and past community activities
