

# FORM 1-WD

## REQUEST FOR WITHDRAWAL FROM REGISTRATION

Unless otherwise directed by the PCAOB, a registered public accounting firm seeking to withdraw from registration with the PCAOB must submit this form according to the instructions for Form 1 - WD.

Please indicate if you would like to receive notification in the event that the PCAOB is requested by subpoena or other legal process to disclose this form.

**PART I - IDENTITY OF THE REGISTERED PUBLIC ACCOUNTING FIRM**

**ITEM 1.1 - NAME OF THE FIRM REQUESTING LEAVE TO WITHDRAW**

1. FIRM LEGAL NAME

2. OTHER NAMES USED

**ITEM 1.2 - FIRM CONTACT INFORMATION**

1. HEADQUARTERS PHYSICAL ADDRESS

1a. Country

1b. Street Address 1

1c. Street Address 2

1d. City

1e. State/Province

1e-b. Non-U.S. State/Province

1f. Zip/Postal Code

2. MAILING ADDRESS

2a. Country

2b. Street Address 1

2c. Street Address 2

2d. City

2e. State/Province

2e-b. Non-U.S. State/Province

2f. Zip/Postal Code

Same as physical address

3. TELEPHONE NUMBER (Including country and area codes)

4. FAX NUMBER (Including country and area codes)

**ITEM 1.3 - PRIMARY CONTACT AND SIGNATORIES**

**ITEM 1.3.1 - PRIMARY CONTACT**

**1. NAME**

1a. Family Name (Last Name)

1b. Given Name (First Name)

**2. BUSINESS TITLE**

**3. PHYSICAL ADDRESS**

3a. Country

**4. MAILING ADDRESS**

Same as physical address

4a. Country

3b. Street Address 1

4b. Street Address 1

3c. Street Address 2

4c. Street Address 2

3d. City

4d. City

3e. State/Province

4e. State/Province

3e-b. Non-U.S. State/Province

4e-b. Non-U.S. State/Province

3f. Zip/Postal Code

4f. Zip/Postal Code

**5. TELEPHONE NUMBER (Including country and area codes)**

**6. FAX NUMBER (Including country and area codes)**

**7. EMAIL ADDRESS**

**ITEM 1.3 - PRIMARY CONTACT AND SIGNATORIES (CONTINUED)**

**ITEM 1.3.2 - FIRST SIGNATORY (IF DIFFERENT FROM PRIMARY CONTACT)**

<b>1. NAME</b>	
1a. Family Name (Last Name) _____	1b. Given Name (First Name) _____
<b>2. BUSINESS TITLE</b> _____	
<b>3. PHYSICAL ADDRESS</b>	
3a. Country _____	4. MAILING ADDRESS 4a. Country <span style="margin-left: 20px;">e Same as physical address</span> _____
3b. Street Address 1 _____	4b. Street Address 1 _____
3c. Street Address 2 _____	4c. Street Address 2 _____
3d. City _____	4d. City _____
3e. State/Province _____	4e. State/Province _____
3e-b. Non-U.S. State/Province _____	4e-b. Non-U.S. State/Province _____
3f. Zip/Postal Code _____	4f. Zip/Postal Code _____
<b>5. TELEPHONE NUMBER (Including country and area codes)</b> _____	
<b>6. FAX NUMBER (Including country and area codes)</b> _____	
<b>7. EMAIL ADDRESS</b> _____	

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ITEM 1.3 - PRIMARY CONTACT AND SIGNATORIES (CONTINUED)

ITEM 1.3.3 - SECOND SIGNATORY (IF DIFFERENT FROM PRIMARY CONTACT)

1. NAME	
1a. Family Name (Last Name)	1b. Given Name (First Name)
2. BUSINESS TITLE	
3. PHYSICAL ADDRESS	
3a. Country	4. MAILING ADDRESS <input type="checkbox"/> Same as physical address
3b. Street Address 1	4a. Country
3c. Street Address 2	4b. Street Address 1
3d. City	4c. Street Address 2
3e. State/Province	4d. City
3e-b. Non-U.S. State/Province	4e. State/Province
3f. Zip/Postal Code	4e-b. Non-U.S. State/Province
4f. Zip/Postal Code	
5. TELEPHONE NUMBER (Including country and area codes)	
6. FAX NUMBER (Including country and area codes)	
7. EMAIL ADDRESS	

PART II - DESCRIPTION OF ONGOING REGULATORY OR LAW ENFORCEMENT PROCEEDINGS

ITEM 2.1 - DESCRIPTION OF ONGOING REGULATORY OR LAW ENFORCEMENT PROCEEDINGS

1. Does the registrant have any ongoing federal, state, or local investigative, disciplinary, regulatory, criminal, or other law enforcement proceedings that are known to the firm, including to any of the firm's partners or officers, and that address in whole or in part (1) conduct of the firm or (2) audit-related conduct of any of the firm's associated persons?  YES  NO

2. PREVIOUS REPORTING OF PROCEEDING (OPTIONAL)

2a. Was this proceeding previously reported?

YES  NO

2b. Name of form on which proceeding was previously reported

2c. Date that the form was filed (MM/DD/YYYY)

3. DESCRIPTION OF PROCEEDING

3a. Identity of the federal, state or local authority conducting the proceeding

3b. Caption or other identifying information of the proceeding

3c. Date that the firm or a partner or officer of the firm first became aware of the proceeding (MM/DD/YYYY)

3d. Firm's understanding of the current status of the proceeding

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3e. Conduct of the firm and the firm's associated persons that the proceeding addresses

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ITEM 3.1 - STATEMENT OF NONPARTICIPATION IN AUDITS

Statement of Nonparticipation in Audits

On behalf of

I certify that

is not currently, and will not during the pendency of its request for leave to withdraw be, engaged in the preparation or issuance of, or playing a substantial role in the preparation or furnishing of, an audit report, other than to issue a consent to the use of an audit report for a prior period.

Signed by:

Note: The Statement Signatory Name must match one of the names entered in Part I - Item 1.3 of this form.

Statement Signatory is a:

Partner  Officer

Signature

Date (MM/DD/YYYY)

ITEM 4.1 - DESCRIPTION OF REASONS FOR SEEKING LEAVE TO WITHDRAW

If you choose, you may state below the reasons the registrant is seeking leave to withdraw from registration:

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PART V - SIGNATURE OF FIRM SEEKING LEAVE TO WITHDRAW

ITEM 5.1 - SIGNATURE OF AUTHORIZED PARTNER OR OFFICER

I, \_\_\_\_\_

hereby certify that I have reviewed this request, that the request is, based on my knowledge, complete and does not contain any untrue statement of a material fact or omit to state a material fact necessary to make the statements made, in light of the circumstances under which such statements were made, not misleading, and that I am authorized to execute this request on behalf of the applicant.

My Business Title: \_\_\_\_\_

I am a:  Partner  Officer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)

Note: The signer above must be one of the persons entered in Part I - Item 1.3 of this form

Sample Version