## **UPGRADING FORM**

**Full Name:** 



**Membership No:** 

## UPGRADE TO ASSOCIATE MEMBERSHIP

Address	:							
Phone No.	:			E-mail	:			
EDUC	OITA	٧						
Qualificatio	n :	Master	Degree	Other Q	ualificati	on:		
Field of Stud	dies	:						
College / Un	iversity	:						
Year Obtain	ed	:						
BUSIN	NESSI	DATA						
Company	:							
Designation	:							
Address	:							
Phone No.	:			E-mail	•			
Kindly complete th	nis form an	d return to the	e Institute to	gether with t	he followi	ng:		
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DECLARATION BY APP	LICANT			_				
hereby apply for A	ssociate M	lembership ar	nd the grant	ing of the A	ssociate N	Nember of	The Institut	e of Internal A
Malaysia designation f granted the AIIA des	-							
1. Abide by the Cons	titution of	The Institute			ysia, the (	Code of Ethi	cs and the Ir	nternational Sta
for the Professiona 2. Stop using the des					e.			
G	ignature of	Applicant		Date :				
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## **PAYMENT FORM**

## **UPGRADING FEES CLASIFICATION** RM230.00 **Upgrading Fee: Associate Processing Fee:** 50.00 **TOTAL** 280.00 Payment (please tick **V**) **DIRECT BANK - IN** (Malayan Banking Berhad, account no.: 514404 501825) **ONLINE BANKING:** http://www.maybank2u.com.my Log on to the website, go to bill payment, select 'Others' (under view all payees by category), 'Ins. Internal Auditors Malaysia' (select from list) and key in your membership number to ensure your payment is updated **CREDIT CARD Issuing Bank:** Name of Card Holder: Visa MasterCard **Expiry Date: Credit Card Type:** Date: Signature:

Please return the completed form via email to membership@iiam.com.my