

# **RENEWAL FORM**

Fields marked with \*\* are compulsory to be completed.

:

### CORPORATE INFORMATION \*\*

Corporate Name (PLEASE USE CAPITAL)	:		
Membership Number	:	Membership Tier	:

Membership Number

\_\_\_\_\_ Membership Tier

**Phone Number** 

E-Mail :

#### SUBSCRIPTION AND RE-INSTATEMENT FEE \*\*

Description	TIER	No of Internal Auditors in Organisation	No of Sponsored Individual Member	RM	Please Tick
Subscription Fee	1 (Government Ministry Only)		2	950.00	
	1	1-9	3	1,100.00	
	2	10-19	3	1,725.00	
	3	20-50	4	2,600.00	
	4	51 or more	5	3,565.00	
Re-instatement Fee				300.00	
Payment (please tick ) DIRECT BANK - IN (Malayan Banking Berhad, account no.: 514404 501825)   CREDIT CARD   Issuing Bank: Name of Card Holder: Credit Card Type:   Visa MasterCard Expiry Date:					
nature : Designation:					
ne:	e: Date:				

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

THE INSITUTE OF THE INTERNAL AUDITORS MALAYSIA

1-17-07 Menara Bangkok Bank, Berjaya Central Park, 105 Jalan Ampang,50450 Kuala Lumpur Tel: 603-2181 8008 Email: renewal@iiam.com.my



# UPDATE FORM

CORPORATE	INFORMATION *	¢		
(PLEASE USE CAPITAL)				
Membership No	:			
Corporate Name	:			
Co Registration No	:	Website :		
Mailing Address :				
Phone Number :		E-Mail :		
No. of Corporate Nomine the Internal Audit Depar		No. of members in the Audit : Committee (including Chairman)		

### HEAD OF DEPARTMENT \*\*

Name	:		
Job Title	:		
CAE (PLEASE TICK IF YES)	:		
Phone Number :		Email :	

### **OTHER INFORMATION \*\***

Name of Person In Charge/ : Admin	
Email of Person In Charge/ : Admin	



## UPDATE FORM

#### INTERNAL AUDITORS LISTING IN ORGANISATION \*\*

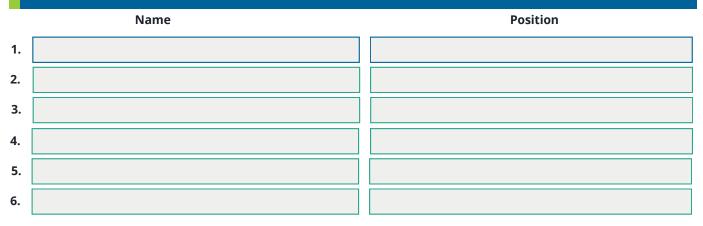
(Including sponsored individual membership. Please tick sponsored individual membership)

No.	Name	Position	Sponsors as Individual (please tick)	Membership No (if applicable)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				



# UPDATE FORM

### CHAIRMAN & MEMBERS OF AUDIT COMMITEE (If applicable)



### APPROVED BY \*\* (To be completed by your Head of Department)

Name :	
Job Title :	
Signature :	We hereby declare that the information given above and in the enclosed documents is true to the best of our knowledge and belief and nothing has been concealed therein.
Company Cop :	□ By providing the information above, we hereby agree to the processing of the above personal data in accordance with the PDPA Notice pursuant to the Personal Data Protection Act
Date :	2010.

#### **More Information :**

- Please note that the Institute's financial year is on 1 January to 31 December
- Tax Invoice will be issued upon request.
- Please email a copy of the transaction slip to renewal@iiam.com.my
- Any renewals that take effect after 1st April 2025 will be subjected to a RM300 reinstatement fee.

#### Please enclose your payment together with forms below and return to the Secretariat.

- 1. Renewal Form
- 2. Corporate Membership Update
- 3. Corporate Nominee Update & Sponsors Individual Member List

#### \*Note: Applicable to new complimentary individual members only.

New individuals (who are not existing members) who have been sponsored are required to complete a separate individual membership application form and submit supporting documents. Please email the Secretariat for further assistance.

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