



RENEWAL FORM

PERSONAL INFORMATION

Full Name :
(PLEASE USE CAPITAL)

Membership Number : _____ Membership Category : _____

Phone Number : _____ E-Mail : _____

SUBSCRIPTION AND RE-INSTATEMENT FEE

	CLASIFICATION	RM	PLEASE TICK <input checked="" type="checkbox"/>
Subscription Fee :	Fellow	350.00	
	Senior Member	120.00	
	Audit Committee	400.00	
	Professional	350.00	
	Associate	330.00	
	Student	100.00	
Re-instatment Fee :		100.00	
	TOTAL		

Payment (please tick)

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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*Issuing Bank:

*Name of Card Holder:

*Credit Card Type: Visa MasterCard *Expiry Date:

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@iam.com.my

Signature: _____

Date: _____

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

Any renewals that take effect after 1st April 2025 will be subjected to a RM100 re-instatemnt fee.



UPDATE FORM

PERSONAL INFORMATION

Membership No :

Full Name :

IC Number : _____ / _____ / _____ Gender : Male Female

Home Address : _____

Phone Number : _____ E-Mail : _____

BUSINESS DATA

Company Name :

Job Title :

Address : _____

Phone Number : _____ Fax Number : _____

OTHER INFORMATION

Highest Qualification / Professional Qualification : _____

Company size by number of employees : _____

No. of Internal Auditors (in the company) : _____

No. of Years as Internal Auditor : _____

Number of years in an internal audit supervisory position : _____

Send mail to : Home Address Office Address

I hereby declare that the information given above and in the enclosed documents is true to the best of my knowledge and belief and nothing has been concealed therein.

By providing the information above, I hereby agree to the processing of the above personal data in accordance with the PDPA Notice pursuant to the Personal Data Protection Act 2010.

Signature : _____

Date: _____