UPGRADING FORM

UPGRADE TO ASSOCIATE MEMBERSHIP

Full Name: **Membership No:**

Address :

Phone No. : **E-mail :**

EDUCATION

Qualification : **Master** **Degree** **Other Qualification:**

Field of Studies :

College / University :

Year Obtained :

BUSINESS DATA

Company :

Designation :

Address :

Phone No. : **E-mail :**

Kindly complete this form and return to the Institute together with the following:

- **Letter of Employment Reference from current company.**
- **Certified true copies (sign, verifier name position) of relevant Degree(s) /Diploma(s)/ Certificate(s) from Superior or Human Resource Department.**
- **Email to membership@iiam.com.my**

DECLARATION BY APPLICANT

I hereby apply for Associate Membership and the granting of the Associate Member of The Institute of Internal Auditors Malaysia designation (AIIA) and declare that:
If granted the AIIA designation, I agree to:

1. **Abide by the Constitution of The Institute of Internal Auditors Malaysia, the Code of Ethics and the International Standards for the Professional Practice of Internal Auditing by Global IIA, USA.**
2. **Stop using the designation on ceasing to be a member of the Institute.**

Signature of Applicant

Date :

PAYMENT FORM

UPGRADING FEES

	CLASIFICATION	RM
Upgrading Fee :	**Associate**	**330.00**
Registration Fee :		**100.00**
	TOTAL	**430.00**

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**

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Issuing Bank:
Name of Card Holder:
Credit Card Type: ☐ **Visa** ☐ **MasterCard** **Expiry Date:**

Signature:

Date:

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

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