

THE INSTITUTE OF 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 | Website: www.iiam.com.my

2026 CORPORATE MEMBERSHIP RENEWAL FORM

Please complete this form to renew your corporate membership for 2026. Fields marked with * are compulsory.

SECTION 1: SUBSCRIPTION & RENEWAL INFORMATION *

Description / Tier	No. of Internal Auditors in Organisation	No. of Sponsored Individual Members	Subscription Fee	Please Tick (√)	Request Invoice Please Tick (√)
1 (Government Ministry Only)		2	950.00	ausi	a
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			300.00		

More Information

- The Institute's financial year runs from 1 January to 31 December.
- Invoices will be issued upon request only.
- Renewals processed after 1 April 2026 will be subject to a RM300 reinstatement fee.
- Please email the completed forms to renewal@iiam.com.my . The submission should include:
 - 1. Corporate Membership Renewal Form (Section 1)
 - 2. Corporate Membership Update Form (Completed all Section 2-6)
- Once payment has been made, please email the payment advice to renewal@iiam.com.my

New individuals (who are not existing members) who have been sponsored are required to complete a separate individual

UPDATE FORM

SECTION 2: CORPORATE INFORMATION*

Corporate Name*	
Company Registration No*	
Membership Number*	
Membership Tier*	
Mailing Address*	
Phone Number*	
Email*	
SECTION 2.1: Head of Departmen	nt*
Name*	
Designation*	Malausia
Email*	Malagsia
Phone Number*	
SECTION 2.2: Administrator of Do	epartment*
Name*	
Designation*	
Email*	
Phone Number*	

SECTION 3: INTERNAL AUDITORS & SPONSORED INDIVIDUAL MEMBERS*

Please list all internal auditors under your corporate membership. Tick (\checkmark) if sponsored as an individual member. You may use your own Excel sheet if the space provided is insufficient.

No.	Name	IC Number	Hp No	Email	Position	Sponsored ()</th
1						
2						
3						
4						
5						
6						
7						
8			Λ	ala	usia	
9					9510	
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

SECTION 4: CHAIRMAN & MEMBERS OF AUDIT COMMITTEE (if any)

Please provide details of the Audit Committee (including Chairman).

No.	Name	IC Number	HP Number	Email	Position
1					
2					
3					
4					
5					
6					
	SECTION E- DECLARATION*				

SECTION 5: DECLARATION* We hereby declare that the information given above is true and correct to the best of our knowledge. By providing this information, we agree to the processing of personal data in accordance with the PDPA Notice pursuant to the Personal Data Protection Act 2010. Name: Designation: (Head of Department) Signature: Company Chop:

Date:

SECTION 6: E-INVOICE DATA COLLECTION

Company Name*	
Business Registration No (BRN)*	
TIN (Tax Identification No)*	
SST Registration No*	
Peppol ID (if any)	
Full Address*	
City*	
State/Province*	
Postcode*	
Country*	
E-Invoice Person in Charge Name*	
Phone Number*	Malausia
Email Address*	managaia
For enquiries, please contact the Finance Lor email payments@iiam.com.my SECTION 7: PAYMENT DETAILS	Department at 03-2181 8008 ext. 207/205/208
Payment Method (please tick):	
\square Bank Transfer (Kindly email the transaction	n slip to renewal@iiam.com.my.)
Bank Details: Malayan Banking Berhad Acc Account Name: The Institute o	
□ Credit Card	
Card Number :	Expiry Date :
Name of Card Holder:	Visa/Master :