

To: The Institute of Internal Auditors Malaysia  
1-17-07, Menara Bangkok Bank  
Berjaya Central Park  
105, Jalan Ampang  
50450 KUALA LUMPUR

**APPLICATION FOR UPGRADING TO ASSOCIATE MEMBERSHIP**

Name : \_\_\_\_\_ Membership No. : \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel No. : \_\_\_\_\_ Fax No. : \_\_\_\_\_ E-mail : \_\_\_\_\_

**EDUCATION**

College / University: \_\_\_\_\_

Highest Qualification: \_\_\_\_\_ Year Obtained: \_\_\_\_\_

(**Note:** Certified copies of qualifications must be attached with this application)

**BUSINESS DATA**

Company: \_\_\_\_\_

Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

Tel No. : \_\_\_\_\_ Fax No. : \_\_\_\_\_ E-mail : \_\_\_\_\_

***N/B: Kindly complete this form and return to the Institute together with the following:***

- Payment of RM330.00\* including upgrading processing fee of RM50\* and Associate Membership fee of RM280.00\*.
- Letter of Employment Reference from current company.
- Members who have remitted their 2019 Annual Subscription, need only to pay for RM250\* which is the difference between annual subscription for Associate Member and upgrading processing fee.

**Payment (please tick) :**

- ➔ Cash
- ➔ Cheque
- ➔ Credit Card (please complete the attached Credit Card authorisation form)
- ➔ Direct bank-in (Malayan Banking Berhad, account no. **5144 0450 1825**)
  - ☐ All cheques should be crossed A/C Payee Only and made payable to **The Institute of Internal Auditors Malaysia**
  - ☐ Please fax the bank-in slip or credit card authorisation form to 603 2181 1717 with your name and telephone no.

**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)

\_\_\_\_\_

(Date)

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**FOR OFFICE USE ONLY**

Processing Fee (RM): \_\_\_\_\_ Receipt No. : \_\_\_\_\_

Approved by: \_\_\_\_\_ Date : \_\_\_\_\_  
(Chairman, Professional Services Committee)