

EXAMINATION APPLICATION FORM

I AM APPLYING FOR (Please tick): CIA CCSA CFSA CGAP CRMA

Given Name : _____ Family Name : _____ Mr Mrs Ms
(As per Identity card/ Passport) (As per Identity card/ Passport)

Name on Certificate: _____

IIA Malaysia Membership No: _____

Organisation: _____

Position: _____

Business Address: _____

(postcode) (city) (state)

Home Address: _____

(postcode) (city) (state)

Send Mail To: Home Office

Date Of Birth: _____ Gender: Male Female

Mother's Maiden Name: _____

Mobile Phone: _____ Business Phone: _____

Fax No: _____ E-mail: _____

Highest Qualification: _____ Year Awarded: _____

(Please enclose certified true copy of highest qualification)

Internal Auditing Experience:

None Less than 1 year Less than 2 years 2 years or more

Professional Certification Attained: (Please tick as many as appropriate)

CPA Country: _____

ACCA

CA Country: _____

CIMA

Others: _____

For CCSA CANDIDATES ONLY.

Years of:

(i) CSA-experience: _____ (ii) Control-related business experience: _____ (iii) General business experience: _____

For CFSA CANDIDATES ONLY. (Please tick ONE only).

Discipline: _____

Banking Insurance Securities

For CGAP CANDIDATES ONLY.

Years of Government Auditing Experience: _____

For CRMA CANDIDATES ONLY.

Years of Controls-Related Business Experience: _____

ENCLOSURE: I have enclosed the following (please tick):

Certified true copy of my highest qualification

Character Reference Form

Experience Verification Form (may be submitted later)

Payment Form

By signing and submitting this form, I certify that I have read and will abide by the provisions of the Code of Ethics, and accept the conditions set forth in the Certification Programme Information for Candidates.

Signature: _____

Date: _____