

BOOK ORDER FORM

NO.	TITLE	QTY	PRICE (RM)	TOTAL
1.				
2.				
3.				
4.				
5.				
GRAND TOTAL:				

Self-pick-up

To include delivery charges / Shipping cost
(To contact IIA Malaysia for actual charges)

PAYMENT INFORMATION

All order **MUST** be accompanied with full payment. Upon receipt of payment, the order will be shipped on the next business day. Shipping charges are based on the recipient's location.

Enclosed is a cheque / bank draft no. _____ for the sum of RM _____ payable to
THE INSTITUTE OF INTERNAL AUDITORS MALAYSIA

LOCAL PAYMENTS BY CHEQUE / INTERBANK GIRO
All payments should be crossed and made payable to: **THE INSTITUTE OF INTERNAL AUDITORS MALAYSIA**
Bank Details : **United Overseas Bank (M) Bhd.**
Account No. : **165-301-514-9**
Branch : **USJ Taipan Branch, No. 7, Jalan USJ 10-1, USJ Taipan Triangle, 47620, UEP Subang Jaya, Selangor**
Swift Code : **UOVBMYYL**

CREDIT CARD
I hereby authorise THE INSTITUTE OF INTERNAL AUDITORS MALAYSIA to charge to my credit card based on final tax invoice amount.

Credit Card:

Expiry Date: _____

Card Type: Visa MasterCard

Name: _____

Organisation: _____

Tel. No: _____ Email: _____

Address: _____

Signature: _____ Date: _____



THE INSTITUTE OF INTERNAL AUDITOR MALAYSIA

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