



Introduced by

## PARTICULARS OF CORPORATE APPLICANT

Name of Organisation \_\_\_\_\_

Mailing Address \_\_\_\_\_

Business Registration No. \_\_\_\_\_ Date/Year of Registration \_\_\_\_\_ Industry Code \_\_\_\_\_

Business Contact No. \_\_\_\_\_ Fax No. \_\_\_\_\_ E-mail \_\_\_\_\_

Please tick (✓) where appropriate

## CORPORATE STRUCTURE

Are you a Holding Company with Subsidiaries  Yes  No

(a) The following companies need not supply these details (however, IIA Malaysia reserves the right to request such information if the need arises):

- Public Listed Companies – Main & second Boards
- Insurance Companies registered under the Insurance Act 1963
- Financial Institution registered under The Banking and Financial Institution Act 1989
- Corporations registered under any Act of Parliament or Special Act

(This section applies if you are part of a Group). Please indicate  Yes or  No in the boxes on the right if the companies are audited by Internal Audit Dept.

### List of Holding Companies

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

### List of Subsidiary Companies

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

Do you provide internal Audit Services to the:

- Holding Company
- Holding Company plus selected Subsidiary Companies
- Holding Company plus all Subsidiary Companies
- Individual Company, not part of a Group

How many Corporate Nominees are there in the Internal Audit department? (Provide names in full in Schedule A)

How many members are there in the Audit Committee (including Chairman)? (Provide names in full in Schedule B)

## NAME OF PERSON(S) UNDERTAKING NOMINATION:

Dr/Mr/Mrs/Ms \_\_\_\_\_

Designation \_\_\_\_\_

Contact Number \_\_\_\_\_

Email \_\_\_\_\_

Please affix the Rubber Stamp of the Company in the box above

(Applicant's Signature)

(Date)

## CORPORATE MEMBERSHIP SCHEDULE A

### Particulars of Nominees in The Internal Audit Department

No.	Name (Alphabetical Order)	Ranking
1		
2		
3		
4		
5		

No.	Name (Alphabetical Order)	Ranking
6		
7		
8		
9		
10		

Please indicate the nominees' ranking in the department as follows: Manager **M** Supervisor/Team Leader **S** Team Member **T**

## CORPORATE MEMBERSHIP SCHEDULE B

### Particulars of Chairman and Members of the Audit Committee

No.	Name (Alphabetical Order)	Ranking
1		
2		
3		
4		
5		

No.	Name (Alphabetical Order)	Ranking
6		
7		
8		
9		
10		

Please indicate members' position in the Audit Committee as follows: Chairman of the Audit Committee **C** Member of the Audit Committee **M**

## CORPORATE MEMBERSHIP SCHEDULE C

### Names of Nominated Individual Members

No.	Name (Alphabetical Order)	Ranking
1		
2		

No.	Name (Alphabetical Order)	Ranking
3		
4		

\* Individuals who are applying for complimentary membership: (a) need to complete a separate individual membership application form and admission is subject to meeting the admission criteria (b) must be non-members of the Institute at the point of application

## CORPORATE MEMBERSHIP FEES & STRUCTURE (please select tier ✓)

Type of Corporate Membership (please tick)	No. of Nominees	No. of Nominated Individual Members	Registration (RM)	Annual Subscription (RM)	Total (RM)
<input type="checkbox"/> Tier 1	1 - 9	2	300.00	950.00	1,250.00
<input type="checkbox"/> Tier 2	10 - 19	2	300.00	1,500.00	1,800.00
<input type="checkbox"/> Tier 3	20 - 50	3	300.00	2,250.00	2,550.00
<input type="checkbox"/> Tier 4	51 & above	4	300.00	3,100.00	3,400.00

Payment (please tick ✓)

Cheque of RM \_\_\_\_\_ payable to **THE INSTITUTE OF INTERNAL AUDITORS MALAYSIA**

Direct Bank-in: Malayan Banking Berhad, Account no: **5144 0450 1825** (please fax the bank-in slip to Membership Department at **+603 2181 1717** or scan and email to membership@iiam.com.my with your name and tel. no.)

## FOR SECRETARIAT USE ONLY

Date Received \_\_\_\_\_ Membership Application Status  Accepted  Rejected

For Board of Governors \_\_\_\_\_ Date \_\_\_\_\_

*For Chairperson, Professional Services Committee / Hon. Secretary*

Cash /Bank/Draft/Cheque No. \_\_\_\_\_ Receipt No. \_\_\_\_\_ Membership No \_\_\_\_\_

## INDIVIDUAL MEMBERSHIP APPLICATION FORM

Introduced by \_\_\_\_\_ IIA Malaysia Membership No.

### PERSONAL DATA

Name \_\_\_\_\_  Mr.  Mrs.  Ms.  Other \_\_\_\_\_

Date of Birth  Nationality \_\_\_\_\_ IC No. / Passport No \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_ Send Mail to  Home Address  Business Address

### BUSINESS DATA

Company \_\_\_\_\_ Job Title \_\_\_\_\_

Job Code (See Membership Booklet)

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Business Phone \_\_\_\_\_ ext \_\_\_\_\_ Fax \_\_\_\_\_

Industry Code (See Membership Booklet)

Head of Department's Name \_\_\_\_\_ Designation \_\_\_\_\_

Company Size by number of employees  <50  50-100  >100 Number of Internal auditors (in the company) \_\_\_\_\_

### EXPERIENCE

Do you spend more than 50% of your time supervising other internal auditors or directing the Audit Programme?  Yes  No

Number of auditing personnel under your supervision \_\_\_\_\_

Number of years as an Internal Auditor \_\_\_\_\_ Number of years in an Internal Audit supervisory position \_\_\_\_\_

### EDUCATION

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

Highest Qualification \_\_\_\_\_

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

Year Obtained \_\_\_\_\_

Please tick classification applied for  Professional  Associate  Student

(Classification is subject to approval of the Professional Services Committee)

I declare that:

1. All information contained in this application form are true and current
2. If accepted, I agree to abide by the Code of Ethics and Memorandum and Articles of Association of The Institute of Internal Auditors Malaysia.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

# APPLICATION FORM

## FEES

Membership (RM)	Registration Subscription (RM)	Annual (RM)	Total
Professional	<del>100.00</del>	300.00	400.00
Associate	100.00	280.00	380.00
Student	<del>10.00</del>	80.00	90.00

- 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 number written on it.
- Please note that the Institute's financial year is 1 January to 31 December.

Payment (please tick):

- Cash  Credit Card (please complete the attached Credit Card form)
- Cheque  Direct Bank-in (Malayan Banking Berhad, account no: 514404 501825)

## FOR SECRETARIAT USE

Date Received \_\_\_\_\_

Cash / Cheque No \_\_\_\_\_

Receipt No \_\_\_\_\_

Recommended class of membership \_\_\_\_\_

IIA Malaysia membership no \_\_\_\_\_

Signature \_\_\_\_\_

Chairperson, Professional Services Committee / Hon. Secretary

Date Approved \_\_\_\_\_

## CHECKLIST FOR APPLICATION

1. Complete the individual Membership application form.
2. Ensure that the following documents are submitted together with:
  - Registration Fee and Annual Subscription (Refer to Fee Structure)
  - A photocopy of your Identity Card / Passport (for non-resident)
  - Certified copies of relevant Degree(s) / Diploma(s) / Certificate(s)  
(Documents must be certified as true copies either by a Commission for Oaths, your Head of Department (Head of Company, if you are a Head of Department) or; Head of Human Resource Department)
  - A letter from your Head of Department or Head of Human Resource Department or Head of Company (if you are a Head of Department) Stating:
    - i) Your Designation - Date & Year of Commencement
    - ii) Your Employment Job function
    - iii) Total no of years of experience in Internal Auditing

Additional requirements of Professional Membership application for individuals who provide Internal Audit Services to their clients either as a Sole Proprietor, Partner or Member of Staff of a Professional firm:

- Documentary proof of application as an Internal Audit Services Provider to your clients (Public Listed Company on the Bursa Malaysia). The identity of one of your clients and the Chairman of Audit Committee must be provided together with details of period of engagement and internal audit functions discharged. The Institute shall reserve the right to contact the client/s directly for reference.
- Documentary proof of both past and present appointment including designation(s) and key job functions. All working experience should be more than six (6) months.

## MEMBERSHIP PAYMENT FORM

### REGISTRATION AND PAYMENT FOR MEMBERSHIP

I wish to Register for the Following Membership (please tick (✓) where appropriate)

INDIVIDUAL       CORPORATE

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Postcode \_\_\_\_\_ Town/City \_\_\_\_\_

Tel No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail \_\_\_\_\_

### REGISTRATION AND SUBSCRIPTION FEES

Type of Individual Membership		RM	Please tick (✓)
Registration Fee (for new registrant only)			100.00
Registration Fee (for student only)		10.00	
Subscription Fee:	Audit Committee	350.00	
	Professional	300.00	
	Associate	280.00	
	Student	80.00	
	<b>TOTAL</b>		

Type of Corporate Membership		RM	Please tick (✓)
Registration Fee (for new registrant only)			300.00
Subscription Fee:	Tier 1 / Public Sector	950.00	
	Tier 2	1,500.00	
	Tier 3	2,250.00	
	Tier 4	3,100.00	
	<b>TOTAL</b>		

Payment (please tick ✓)  Cheque of RM \_\_\_\_\_ payable to **THE INSTITUTE OF INTERNAL AUDITORS MALAYSIA**

Direct Bank-in to **THE INSTITUTE OF INTERNAL AUDITORS MALAYSIA**  
Bank: Malayan Banking Berhad Acc. No: 5144 0450 1825  
(Please fax in the bank-in slip to Membership Department at +603 2181 1717 or scan & email to membership@iiam.com.my)

Credit Card  
□□□□ □□□□ □□□□ □□□□

Issuing Bank \_\_\_\_\_

Card Type  Visa  Mastercard      Expiry Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_