

## 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	100.00	300.00	400.00
Associate	100.00	280.00	380.00
Student	10.00	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.