



RENEWAL FORM

CORPORATE INFORMATION

Corporate Name :
(PLEASE USE CAPITAL)

Membership Number : _____ Membership Tier : _____

Phone Number : _____ E-Mail : _____

SUBSCRIPTION AND RE-JOINING FEE

	TIER	NO OF NOMINEES (INCLUDING COMPLIMENTARY MEMBER)	NO OF COMPLIMENTARY INDIVIDUAL MEMBER	RM	PLEASE TICK <input checked="" type="checkbox"/>
Subscription Fee :	1 (Government Ministry ONLY)	1-9	2	950.00	
	1	1-9	3	1,100.00	
	2	10-19	3	1,725.00	
	3	20-50	4	2,600.00	
	4	51 or more	5	3,565.00	
Re-joining Fee :				300.00	
			TOTAL		

Payment (please tick) DIRECT BANK - IN
(Malayan Banking Berhad, account no.: 514404 501825)

CREDIT CARD

Issuing Bank:

Name of Card Holder:

Credit Card Type: Visa MasterCard Expiry Date:

More Information :

- Please note that the Institute's financial year is on 1 January to 31 December
- Tax Invoice will be issued upon request.
- Please email a copy of the transaction slip to renewal@iiam.com.my

Any renewals that take effect after 1st April, 2022 will be subjected to a RM300 re-joining fee.

Please enclose your payment together with forms below and return to the Secretariat.

1. Renewal Advice for Financial Year 2022
2. Corporate Membership Update
3. Corporate Nominee Update & Complimentary Individual Member List

Applicable for the New Complimentary Individual only
Individual Membership Application Forms

* Individuals who are applying for complimentary membership are required to complete a separate individual membership application form and submit together with supporting documents (please refer checklist in the form)

Signature : _____

Name: _____

Designation: _____

Date: _____

Please return the completed form via email to renewal@iiam.com.my.

THANK YOU



UPDATE FORM

CORPORATE INFORMATION

Membership No :

Corporate Name :

Co Registration No : _____ Website : _____

Mailing Address : _____

Phone Number : _____ E-Mail : _____

No. of Corporate Nominees in the Internal Audit Department : _____ No. of members in the Audit Committee (including Chairman) : _____

No. of Complimentary Individual Members (please indicate no. of Associate or Professional)	TOTAL	_____	PROFESSIONAL	: _____
			ASSOCIATE	: _____

PERSON UNDERTAKING NOMINATION / HEAD OF DEPARTMENT

Name :

Job Title :

CAE
(PLEASE TICK IF YES) :

Phone Number : _____ Email : _____

OTHER INFORMATION

Name of Person In Charge/ Admin :

Email of Person In Charge/ Admin :

More Information :

THE INSTITUTE OF INTERNAL AUDITORS MALAYSIA
1-17-07 Menara Bangkok Bank, Berjaya Central Park,
105 Jalan Ampang, Kuala Lumpur
Tel: 603-2181 8008 Fax: 603-2181 1717
Email: renewal@iam.com.my



UPDATE FORM

CORPORATE NOMINEE UPDATE & COMPLIMENTARY INDIVIDUAL MEMBER LIST

1.	-----	16.	-----
2.	-----	17.	-----
3.	-----	18.	-----
4.	-----	19.	-----
5.	-----	20.	-----
6.	-----	21.	-----
7.	-----	22.	-----
8.	-----	23.	-----
9.	-----	24.	-----
10.	-----	25.	-----
11.	-----	26.	-----
12.	-----	27.	-----
13.	-----	28.	-----
14.	-----	29.	-----
15.	-----	30.	-----

• Required Name & Position (Manager (M)/ Supervisor(S) / Team Members (T) or Others)

CHAIRMAN & MEMBERS OF AUDIT COMMITTEE

	Name	Position
1.		
2.		
3.		
4.		
5.		
6.		



UPDATE FORM

COMPLIMENTARY INDIVIDUAL MEMBER LIST

Name		Category/Classification	
1.	<input type="text"/>	Associate <input type="checkbox"/>	Professional <input type="checkbox"/>
2.	<input type="text"/>	Associate <input type="checkbox"/>	Professional <input type="checkbox"/>
3.	<input type="text"/>	Associate <input type="checkbox"/>	Professional <input type="checkbox"/>
4.	<input type="text"/>	Associate <input type="checkbox"/>	Professional <input type="checkbox"/>
5.	<input type="text"/>	Associate <input type="checkbox"/>	Professional <input type="checkbox"/>

APPROVED BY

Name :

Job Title :

Signature :

Company Cop :

Date :

More Information :

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