



# RENEWAL FORM

## PERSONAL INFORMATION

Full Name :   
(PLEASE USE CAPITAL)

Membership Number : \_\_\_\_\_ Membership Category : \_\_\_\_\_

Phone Number : \_\_\_\_\_ E-Mail : \_\_\_\_\_

## SUBSCRIPTION AND RE-JOINING FEE

	CLASIFICATION	RM	PLEASE TICK <input checked="" type="checkbox"/>
Subscription Fee :	Fellow	350.00	
	Senior Member	120.00	
	Audit Committee	400.00	
	Professional	350.00	
	Associate	330.00	
Re-joining Fee :		100.00	
	<b>TOTAL</b>		

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

**ONLINE BANKING:** <http://www.maybank2u.com.my>  
Log on to the website, go to bill payment, select 'Others' (under view all payees by category), 'Ins. Internal Auditors Malaysia' (select from list) and key in your membership number to ensure your payment is updated

**CREDIT CARD**

\*Issuing Bank: \_\_\_\_\_

\*Name of Card Holder: \_\_\_\_\_

\*Credit Card Type:  Visa  MasterCard \*Expiry Date: \_\_\_\_\_

I authorise The Institute of Internal Auditors Malaysia to auto debit my credit card for future subscription

### 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@iam.com.my](mailto:renewal@iam.com.my)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return the completed form via email to [renewal@iam.com.my](mailto:renewal@iam.com.my).

Any renewals that take effect after 1st April will be subjected to a RM100 re-joining fee.

**THANK YOU**



# UPDATE FORM

## PERSONAL INFORMATION

Membership No :

Full Name :

IC Number : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender :  Male  Female

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

Phone Number : \_\_\_\_\_ E-Mail : \_\_\_\_\_

## BUSINESS DATA

Company Name :

Job Title :

Address : \_\_\_\_\_  
\_\_\_\_\_

Phone Number : \_\_\_\_\_ Fax Number : \_\_\_\_\_

## OTHER INFORMATION

Highest Qualification / Professional Qualification : \_\_\_\_\_

Company size by number of employees : \_\_\_\_\_

No. of Internal Auditors (in the company) : \_\_\_\_\_

No. of Years as Internal Auditor : \_\_\_\_\_

Number of years in an internal audit supervisory position : \_\_\_\_\_

Send mail to :  Home Address  Office Address

### 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

Signature : \_\_\_\_\_

Date: \_\_\_\_\_