



# 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	
			<b>TOTAL</b>		

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](mailto:renewal@iiam.com.my)

Any renewals that take effect after 1st April 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
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](mailto: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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