



RENEWAL FORM

Fields marked with ** are compulsory to be completed.

CORPORATE INFORMATION **

Corporate Name :
(PLEASE USE CAPITAL)

Membership Number : _____ Membership Tier : _____

Phone Number : _____ E-Mail : _____

SUBSCRIPTION AND RE-INSTATEMENT FEE **

Description	TIER	No of Internal Auditors in Organisation	No of Sponsored Individual Member	RM	Please Tick
Subscription Fee	1 (Government Ministry Only)		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-instatement Fee				300.00	

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:

Signature : Designation:

Name: Date:

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



UPDATE FORM

CORPORATE INFORMATION **

(PLEASE USE CAPITAL)

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) : _____

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 :



UPDATE FORM

INTERNAL AUDITORS LISTING IN ORGANISATION **

(Including sponsored individual membership.
Please tick sponsored individual membership)

No.	Name	Position	Sponsors as Individual (please tick)	Membership No (if applicable)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				



UPDATE FORM

CHAIRMAN & MEMBERS OF AUDIT COMMITTEE (If applicable)

	Name	Position
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>

APPROVED BY ** (To be completed by your Head of Department)

Name :

Job Title :

Signature :

Company Cop :

Date :

We hereby declare that the information given above and in the enclosed documents is true to the best of our knowledge and belief and nothing has been concealed therein.

By providing the information above, we hereby agree to the processing of the above personal data in accordance with the PDPA Notice pursuant to the Personal Data Protection Act 2010.

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 2025 will be subjected to a RM300 reinstatement fee.

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

1. **Renewal Form**
2. **Corporate Membership Update**
3. **Corporate Nominee Update & Sponsors Individual Member List**

***Note: Applicable to new complimentary individual members only.**

New individuals (who are not existing members) who have been sponsored are required to complete a separate individual membership application form and submit supporting documents. Please email the Secretariat for further assistance.