

Introduced by _____

PARTICULARS OF CORPORATE APPLICANT

Name of Organisation _____

Mailing Address _____

Business Registration No. _____ Date/Year of Registration _____ Industry Code _____

Business Contact No. _____ Fax No. _____ E-mail _____

Please tick (✓) where appropriate

CORPORATE STRUCTURE

✓ Are you a Holding Company with Subsidiaries Yes No

(a) The following companies need not supply these details (however, IIA Malaysia reserves the right to request such information if the need arises):

- Public Listed Companies – Main & second Boards
- Insurance Companies registered under the Insurance Act 1963
- Financial Institution registered under The Banking and Financial Institution Act 1989
- Corporations registered under any Act of Parliament or Special Act

(This section applies if you are part of a Group). Please indicate Yes or No in the boxes on the right if the companies are audited by Internal Audit Dept.

List of Holding Companies

1 _____

2 _____

3 _____

4 _____

List of Subsidiary Companies

1 _____

2 _____

3 _____

4 _____

✓ Do you provide internal Audit Services to the:

- Holding Company
- Holding Company plus selected Subsidiary Companies
- Holding Company plus all Subsidiary Companies
- Individual Company, not part of a Group

✓ How many Corporate Nominees are there in the Internal Audit department? (Provide names in full in Schedule A)

✓ How many members are there in the Audit Committee (including Chairman)? (Provide names in full in Schedule B)

NAME OF PERSON(S) UNDERTAKING NOMINATION:

Dr/Mr/Mrs/Ms _____

Designation _____

Contact Number _____

Email _____

Please affix the Rubber Stamp of the Company in the box above

(Applicant's Signature)

(Date)

CORPORATE MEMBERSHIP SCHEDULE A

Particulars of Nominees in The Internal Audit Department

No.	Name (Alphabetical Order)	Ranking
1		
2		
3		
4		
5		

No.	Name (Alphabetical Order)	Ranking
6		
7		
8		
9		
10		

Please indicate the nominees' ranking in the department as follows: Manager **M** Supervisor/Team Leader **S** Team Member **T**

CORPORATE MEMBERSHIP SCHEDULE B

Particulars of Chairman and Members of the Audit Committee

No.	Name (Alphabetical Order)	Ranking
1		
2		
3		
4		
5		

No.	Name (Alphabetical Order)	Ranking
6		
7		
8		
9		
10		

Please indicate members' position in the Audit Committee as follows: Chairman of the Audit Committee **C** Member of the Audit Committee **M**

CORPORATE MEMBERSHIP SCHEDULE C

Names of Nominated Individual Members

No.	Name (Alphabetical Order)	Ranking
1		
2		

No.	Name (Alphabetical Order)	Ranking
3		
4		

* Individuals who are applying for complimentary membership: (a) need to complete a separate individual membership application form and admission is subject to meeting the admission criteria (b) must be non-members of the Institute at the point of application

CORPORATE MEMBERSHIP FEES & STRUCTURE (please select tier ✓)

Type of Corporate Membership (please tick)	No. of Nominees	No. of Nominated Individual Members	Registration (RM)	Annual Subscription (RM)	Total (RM)
<input type="checkbox"/> Tier 1	1 - 9	2	300.00	950.00	1,250.00
<input type="checkbox"/> Tier 2	10 - 19	2	300.00	1,500.00	1,800.00
<input type="checkbox"/> Tier 3	20 - 50	3	300.00	2,250.00	2,550.00
<input type="checkbox"/> Tier 4	51 & above	4	300.00	3,100.00	3,400.00

Payment (please tick ✓)

Cheque of RM _____ payable to **THE INSTITUTE OF INTERNAL AUDITORS MALAYSIA**

Direct Bank-in: Malayan Banking Berhad, Account no: **5144 0450 1825** (please fax the bank-in slip to Membership Department at **+603 2181 1717** or scan and email to membership@iiam.com.my with your name and tel. no.)

FOR SECRETARIAT USE ONLY

Date Received _____ Membership Application Status Accepted Rejected

For Board of Governors _____ Date _____

For Chairperson, Professional Services Committee / Hon. Secretary

Cash /Bank/Draft/Cheque No. _____ Receipt No. _____ Membership No _____