



Introduced by

IIA Malaysia Membership No.

## PERSONAL DATA

Name \_\_\_\_\_  Mr.  Mrs.  Ms.  Other \_\_\_\_\_  
(As per Identity Card / Passport)

Date of Birth   DD   MM   YY Nationality \_\_\_\_\_ IC No. / Passport No.

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

Postcode \_\_\_\_\_ Town/City \_\_\_\_\_

Home Phone \_\_\_\_\_ Handphone \_\_\_\_\_

E-mail \_\_\_\_\_ Send Mail To  Home Address  Business Address

## BUSINESS DATA

Company \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_

Postcode      Town/City \_\_\_\_\_

Business Phone \_\_\_\_\_ Ext \_\_\_\_\_ Fax No. \_\_\_\_\_

Industry Code (see Membership Application Booklet page 6)

Name of HOD \_\_\_\_\_ Designation \_\_\_\_\_

Company size by number of employees  <50  50-100  >100

Number of internal auditors (in the company) \_\_\_\_\_

## EXPERIENCE

Do you spend more than 50% of your time supervising other internal auditors or directing the audit programme?  Yes  No

Number of auditing personnel under your supervision

Number of years as an Internal Auditor   Number of years in an Internal Audit supervisory position

## EDUCATION

College / University \_\_\_\_\_

Highest Qualification \_\_\_\_\_ Year Obtained \_\_\_\_\_

(Note: Certified copies of qualifications must be attached with this application.)

Please tick classification applied for  Professional  Associate  Student

(Classification is subject to approval of the Professional Services Committee)

I declare that:

- All information contained in this application form are true and correct.
- If accepted, I agree to abide by the Code of Ethics and Memorandum and Articles of Association of The Institute of Internal Auditors Malaysia.

Applicant's Signature

Date :

## FEES

Membership (RM)	Registration Subscription (RM) "One-Off"	Annual (RM)	Total (RM)
Professional	100.00	300.00	400.00
Associate	100.00	280.00	380.00
Student	10.00	80.00	90.00

## PAYMENT (please tick):

- Cash       Credit Card (please complete the attached Credit Card form)  
 Cheque       Direct Bank-in (Malayan Banking Berhad, Account no: 5144 0450 1825)

## FOR SECRETARIAT USE

Date Received \_\_\_\_\_

Cash / Cheque No. \_\_\_\_\_

Receipt No. \_\_\_\_\_

Recommended class of membership \_\_\_\_\_

IIA Malaysia Membership No.

All cheques should be crossed A/C Payee only and made payable to **The Institute of Internal Auditors Malaysia**.

Please fax the bank-in slip or credit card authorization form to Membership Department at **(603) 2181 1717** or scan and email to [membership@iiam.com.my](mailto:membership@iiam.com.my) with your name and telephone number written on it.

Please note that the institute's financial year is **1 January to 31 December**.

\_\_\_\_\_  
Signature  
Chairperson, Professional Services Committee /  
Hon. Secretary

Date Approved:

## CHECKLIST FOR APPLICATION

1. Complete the Individual Membership application form.
2. Ensure that the following documents are submitted together with:
  - Registration Fee and Annual Subscription (Refer to the fee structure)
  - A photocopy of your Identity Card / Passport (for non-resident)
  - Certified Copies of relevant Degree(s) / Diploma(s) / Certificate(s)  
(Documents must be certified as true copies either by a Commission of Oaths, your Head of Department [Head of Company, if you are a Head of Department] or, Head of Human Resource Department)
  - A letter from your Head of Department or Head of Human Resource Department or Head of Company (If you are the Head of Department) stating:
    - (i) Your Designation – Date & Year of Commencement
    - (ii) Your Employment Job Function
    - (iii) Total no. of years of experience in Internal Auditing

Additional requirements of Professional Membership application for individuals who provide Internal Audit Services to their clients neither as a Sole Proprietor, Partner or Member of Staff of a Professional Firm:

- Documentary proof of appointment as an Internal Audit Services Provider to your clients (Public Listed Company on the Bursa Malaysia). The identity of one of your clients and the Chairman of Audit Committee must be provided together with details of period of engagement and internal audit functions discharged. The Institute shall reserve the right to contact the client/s directly for reference.
- Documentary proof of both past and present appointment including designation(s) and key job functions. All working experience should be more than six (6) months.