

MEMBERSHIP UPDATE FORM

Please update your membership details in the space provided on the right column.

Personal Data	
Membership No.	
Name	
IC No.	
Home Address	
Post Code	
State	
Telephone No.	
Handphone No.	
Business Data	
Company	
Job Title	
Address	
Post Code	
State	
Business Phone	
Fax No.	
Email	
Experience	
Number of auditing personnel under your supervision	
No. of Years as Internal Auditor	
Number of years in an internal audit supervisory position	
Education Data	
Professional Qualification	
Academic Qualification	
Send mail to	[] Home Address [] Business Address

* Please save the completed form and email to membership@iiam.com.my

Personal Data Protection Notice

In compliance with the Personal Data Protection Act 2010, Institute as a data user will ensure that the privacy of your personal data which you have disclosed or presently being maintained by us is protected and safeguard. Your personal data may also be used and processed by Institute for the purposes of providing you our products and services and any other related services.