## Course Detail

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Course Code</th>
<th>Course Date(s)</th>
</tr>
</thead>
</table>

## Delegate 1

- **Full Name (as per IC)**
- **Designation**
- **Mobile No.**
- **Email Address**
- **Member** ☐
- **Non-Member** ☐
- **Membership No.** (only applicable for members)

<table>
<thead>
<tr>
<th>Dietary Preferences</th>
<th>Vegetarian</th>
<th>Non-Vegetarian</th>
</tr>
</thead>
</table>

## Delegate 2

- **Full Name (as per IC)**
- **Designation**
- **Mobile No.**
- **Email Address**
- **Member** ☐
- **Non-Member** ☐
- **Membership No.** (only applicable for members)

<table>
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<th>Non-Vegetarian</th>
</tr>
</thead>
</table>

## Delegate 3

- **Full Name (as per IC)**
- **Designation**
- **Mobile No.**
- **Email Address**
- **Member** ☐
- **Non-Member** ☐
- **Membership No.** (only applicable for members)

<table>
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<tr>
<th>Dietary Preferences</th>
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<th>Non-Vegetarian</th>
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</table>

## Corporate Details (only applicable for corporations)

<table>
<thead>
<tr>
<th>Corporate Details</th>
<th>Corporate Membership No:</th>
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</thead>
<tbody>
<tr>
<td>☐ Corporate Member</td>
<td>☐ Corporate Non-Member</td>
</tr>
</tbody>
</table>

## Contact Details

- **Organisation Name**
- **Mailing Address**
- **Contact Person**
- **Designation**
- **Telephone**
- **Fax**
- **Email Address**

## Billing Details

- **Contact Person**
- **Designation**
- **Billing Address**
- **Telephone**
- **Fax**
- **Email Address**

Please tick if billing details are the same as contact details.
PAYMENT DETAILS

<table>
<thead>
<tr>
<th>Payment Details</th>
<th>Member Rate (per person) for KL-code related courses</th>
<th>Non-Member (per person)</th>
<th>6% SST</th>
<th>Total with SST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fee (per pax) RM</td>
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<tr>
<td>No. of pax</td>
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<tr>
<td>Subtotal</td>
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</tbody>
</table>

All registrations **MUST** be accompanied with full payment. Upon receipt of your registration, you are deemed to have read and understood the registration procedures and accepted the terms and conditions contained therein. (Please tick [✓] the chosen method)

☐ Enclosed is a cheque/bank draft no. ________________________ for the sum of RM ________________________ payable to

THE INSTITUTE OF INTERNAL AUDITORS MALAYSIA

☐ LOCAL PAYMENTS BY CHEQUE / INTERBANK GIRO

All payments should be crossed and made payable to THE INSTITUTE OF INTERNAL AUDITORS MALAYSIA

Bank Details: United Overseas Bank (M) Bhd. USJ Taipan Branch, No.7, Jalan USJ 10-1, USJ Taipan Triangle, 47620 UEP Subang Jaya, Selangor

Account No. : 165-301-514-9

Bank Swift Code: UOVBMYKL

☐ OVERSEAS PAYMENTS BY WIRE TRANSFER (USD only)

Beneficiary: THE INSTITUTE OF INTERNAL AUDITORS MALAYSIA

Address: 1-17-07, Menara Bangkok Bank, Berjaya Central Park, 105 Jalan Ampang, 50450 Kuala Lumpur, Malaysia

Beneficiary’s Bank: STANDARD CHARTERED BANK MALAYSIA BERHAD

Beneficiary’s Bank Address: Level 1B, Menara Standard Chartered, No.30 Jalan Sultan Ismail, 50250 Kuala Lumpur

Account No. : 312-170-024-235

Bank Swift Code: SCBLMYXYKL

All wire transfer payments should include USD$30.00 (overseas) and RM25.00 (local) for wire transfer processing fee. For GIRO, please include Beneficiary’s Bank Address: Level 18, Menara Standard Chartered, No.30 Jalan Sultan Ismail, 50250 Kuala Lumpur

Beneficiary’s Bank: STANDARD CHARTERED BANK MALAYSIA BERHAD

Beneficiary’s Bank Address: Level 18, Menara Standard Chartered, No.30 Jalan Sultan Ismail, 50250 Kuala Lumpur

Account No. : 312-170-024-235

Bank Swift Code: SCBLMYXYKL

☐ CREDIT CARD

I hereby authorise THE INSTITUTE OF INTERNAL AUDITORS MALAYSIA to charge to my credit card, to the value of RM ________________________

Card Number: ________________________

Card Type: [V] VISA [M] MASTER

Expiry Date: ________________________

Cardholder’s Name ________________________

I understand that any amount drawn from my credit card will first be cleared with the credit card authorisation facility.

Signature (As per credit card) ____________________________________________ Date ________________________

TERMS & CONDITIONS

**FEE**

- Fee is payable to ‘THE INSTITUTE OF INTERNAL AUDITORS MALAYSIA’. Please state your name, payment advice number, phone number and Workshop Code number at the back of the cheque/bank-in slip. Admittance will only be permitted upon receipt of full payment.
- The fee covers the course material, lunches, refreshment and Certificate of Attendance.
- Full payment is to be made before the date of the course. Fee is subject to 6% SST.
- Walk-in delegates will only be allowed if full payment is made, subject to the availability of the seat.

**CANCELLATION**

Upon registering, participant(s) are considered successfully enrolled in the course. Should participant(s) decide to cancel/transfer their registration, a cancellation/transfer policy shall be applied as follows:

- a) Written cancellations should be received by 14 working days before the workshop date to get the refund.
- b) Written cancellations should be received by 7 working days before the workshop date to get a partial refund after deduction of 50% administrative charge. Unpaid registrations will also be liable for 50% administrative charge.
- c) Written cancellations/no-show on the day of the workshop.
  - No refund will be entertained.
  - Unpaid registrations will also be liable to full payment of the registrations fee.
  - Partial cancellation is not allowed.
- d) You can substitute an alternate delegate(s) if you wish to avoid cancellation charges. Any differences in fees will be charged accordingly.

**RESERVATION**

- The Institute reserves the right to make changes to the venue, date, topic, speaker including cancellation if warranted by circumstances beyond its control.
- The Institute is not responsible for the action, advise or representations of the trainer / speaker.
- Registration will be on first-come, first-serve basis.
- Upon signing this form, you have deemed to have read and understand the registration term and condition and therefore have accepted the terms contained herein.
- Certificates of Attendance will be issued an “E-certificate” via email. For this purpose, it is COMPULSORY to fill in the email address clearly. Certificate will only be given to participant who attended the session in full.

**DATA PROTECTION**

Personal Data is gathered in accordance with the Personal Data Protection Act 2010 (Act 709). The Institute of Internal Auditors Malaysia (IIA Malaysia) hereby inform you that your personal data will be processed, retained and used by IIA Malaysia in relation to this Workshop. Your personal data may also be retained and used by IIA Malaysia to promote other training programmes conducted by IIA Malaysia.

**DISCLAIMER**

The Institute of Internal Auditors Malaysia (IIA Malaysia) reserves the right to change the speaker(s), date(s) or to cancel the Workshop should circumstances beyond its control arise. IIA Malaysia also reserves the right to make alternative arrangements without prior notice should it be necessary to do so. Upon signing the registration form, you are deemed to have read and accepted the terms and conditions.