



# CORPORATE MEMBERSHIP APPLICATION FORM



Introduced by: \_\_\_\_\_

## I. PARTICULARS OF CORPORATE APPLICANT

Name of Organisation : \_\_\_\_\_

Mailing Address : \_\_\_\_\_

Business Registration No. : \_\_\_\_\_ Date/Year of Registration : \_\_\_\_\_ Industry Code : \_\_\_\_\_

Business Contact No. : \_\_\_\_\_ Fax No. : \_\_\_\_\_ Email/website: \_\_\_\_\_

Please tick  where appropriate

## II. 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)

## III. 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

\_\_\_\_\_ x  
(Applicant's signature)

\_\_\_\_\_  
(Date)

**CORPORATE MEMBERSHIP SCHEDULE A**

## PARTICULARS OF NOMINEES IN THE INTERNAL AUDIT DEPARTMENT

| No. | Name (Alphabetical Order) | Ranking | No. | Name (Alphabetical Order) | Ranking |
|-----|---------------------------|---------|-----|---------------------------|---------|
| 1   |                           |         | 6   |                           |         |
| 2   |                           |         | 7   |                           |         |
| 3   |                           |         | 8   |                           |         |
| 4   |                           |         | 9   |                           |         |
| 5   |                           |         | 10  |                           |         |

Please indicate the nominees' ranking in the department as follows: Manager  Supervisor/Team Leader  Team Member

**CORPORATE MEMBERSHIP SCHEDULE B**

## PARTICULARS OF CHAIRMAN AND MEMBERS OF THE AUDIT COMMITTEE

| No. | Name (Alphabetical Order) | Ranking | No. | Name (Alphabetical Order) | Ranking |
|-----|---------------------------|---------|-----|---------------------------|---------|
| 1   |                           |         | 6   |                           |         |
| 2   |                           |         | 7   |                           |         |
| 3   |                           |         | 8   |                           |         |
| 4   |                           |         | 9   |                           |         |
| 5   |                           |         | 10  |                           |         |

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

**CORPORATE MEMBERSHIP SCHEDULE C**

## NAMES OF NOMINATED INDIVIDUAL MEMBERS

| No. | Name (Alphabetical Order) | Ranking | No. | Name (Alphabetical Order) | Ranking |
|-----|---------------------------|---------|-----|---------------------------|---------|
| 1   |                           |         | 3   |                           |         |
| 2   |                           |         | 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                                   | 318*              | 1,007*                   | 1,325*     |
| <input type="checkbox"/> Tier 2            | 10 - 19         | 2                                   | 318*              | 1,590*                   | 1,908*     |
| <input type="checkbox"/> Tier 3            | 20 - 50         | 3                                   | 318*              | 2,385*                   | 2,703*     |
| <input type="checkbox"/> Tier 4            | 51 & above      | 4                                   | 318*              | 3,286*                   | 3,604*     |

Payment (please tick ✓)

- Cheque of RM \_\_\_\_\_ payable to THE INSTITUTE OF INTERNAL AUDITORS MALAYSIA
- Direct bank-in : Malayan Banking Berhad, account no. 514404 501825 (please fax the bank-in slip to 603 - 2181 1717 with your name and tel. no.)

\*Note: Fee is inclusive of GST (6%)

**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. : \_\_\_\_\_