UPGRADING FORM



UPGRADE TO ASSOCIATE MEMBERSHIP

Full Name:		Membership No:									
Address	:										
Phone No.	:			E-mail	:						
EDU	CATI	ON									
Qualificat	ion :	Master	Degree	Other	Qualifica	ation:					
Field of St	udies	:									
College / L	Jniversi	ty :									
Year Obta	ined	:									
BUSI	NES	S DATA									
Company	:										
Designatio	on :										
Address	:										
Phone No.	:			E-mail		:					
Kindly complete				_	the follo	wing:					
Letter of Employ Certified true co	pies (sig		-	-	ree(s) /Di	iploma(s	s)/ Certif	icate(s	s) from S	uperior or F	łumai
Resource Depart Members who h		itted their cur	rent year's anr	nual subscript	ion only	need to	pay the	e diffe	rence be	etween the a	annua
subscription for							. ,				
DECLARATION BY AI	PPLICAN [®]	<u>r</u>									
I hereby apply for Malaysia designatio If granted the AIIA of	n (AllA) a	and declare th		nting of the	Associate	e Memb	er of Th	ne Inst	itute of	Internal Au	ıditor
1. Abide by the Confor the Profession 2. Stop using the de	nal Prac	tice of Interna	Auditing by Gl	obal IIA, USA.		e Code (of Ethics	and th	he Interr	national Star	ndard:
Listop asing the u	-3.8.10.11	on ccusing t		or the month							
	Signatu	re of Applicant		Date :							



PAYMENT FORM

UPGRADING FEES CLASIFICATION RM230.00 **Upgrading Fee: Associate Processing Fee:** 50.00 **TOTAL** 280.00 Payment (please tick **V**) **DIRECT BANK - IN** (Malayan Banking Berhad, account no.: 514404 501825) **ONLINE BANKING:** http://www.maybank2u.com.my Log on to the website, go to bill payment, select 'Others' (under view all payees by category), 'Ins. Internal Auditors Malaysia' (select from list) and key in your membership number to ensure your payment is updated **CREDIT CARD Issuing Bank:** Name of Card Holder: Visa MasterCard **Expiry Date: Credit Card Type:** Date: Signature:

Please return the completed form via email to membership@iiam.com.my